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ABSTRACT

The third of five regional fact-finding committee hearings across the United States, this report includes testimony from hearing committee members and social service organizations in Utah, Nevada, Wyoming, Colorado, and Montana. Live and prepared testimony presents information on problems associated with abuse of women, children, and the elderly; Mexican Americans; abuse by children; medical care assistance; attaining self-sufficiency while in the Aid to Families with Dependent Children program; child care; child support payments; requiring the use of child car restraints; child kidnapping; teenage sexual activity and pregnancy; American Indians; financial support and treatment for emotionally, mentally, and physically handicapped children; juvenile delinquency and runaways; marital law; maternal and child nutrition; and single parents. Many local programs to ameliorate these problems are described, and many suggestions are made for improving existing federal programs. Prepared statements include a copy of HR 4325 (proposed amendments to improve the Child Support Enforcement Program); national statistics on infant mortality and child accidents; the report of the Colorado Task Force on the Medically Indigent; and the final summmary of the Junior League of Salt Lake City's "Child Watch," which documents the impact of federal budget cuts on children and families. (CB)

PS

CHILDREN, YOUTH, AND FAMILIES OF THE MOUNTAIN WEST

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HEARING

BEFORE THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

FIRST SESSION

HEARING HELD IN SALT LAKE CITY, UT, DECEMBER 6, 1983

Printed for the use of
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CHILDREN, YOUTH, AND FAMILIES OF THE MOUNTAIN WEST

TUESDAY, DECEMBER 6, 1983

House of Representatives,
Select Committee on Children,
Youth, and Families,
Salt Lake City, UT.

The select committee met, pursuant to call, at 10:55 a.m., in the Primary Children's Medical Center, Salt Lake City, Utah, Hon. George Miller (chairman of the committee) presiding.

Members present: Representatives Miller, Patterson, Sikorski, Marriott, Fish, Coats, Wolf, and Vucanovich.

Staff present: Ann Rosewater, deputy staff director; Jim Kagan, research assistant; Christine Elliott-Groves, minority staff director; and Donald Kline, senior staff.

Chairman **Miller**. The Select Committee on Children, Youth, and Families will come to order.

This is the fourth regional hearing the committee has held this year. The committee is a little less than 1 year old, and has been traveling to various regions of the country in order to gain an accurate assessment of the current status of America's children, youth, and families.

I am delighted that we were able to bring the committee to Salt Lake City and the mountain West to listen. I think that the committee will be presented with rather diverse testimony, and testimony that they will find very important.

As always, we will learn things that are many times masked in the national data. I think we will also find that many of the concerns in other areas are shared by people in this region.

I look forward to today's hearing. I would like to thank Congressman Marriott for not only the hospitality which he and members of the Salt Lake City community have shown to the committee, but also for the help in setting up this hearing and procuring the witnesses and making sure that a very wide range of views were presented to the committee.

There are obviously people that will not be able to testify in the formal proceedings today. We certainly invite their written presentations as we continue to build a record which accurately reflects the concerns of people in various regions of the United States.

I hope they will contact the committee and make their views available to us. It is simply impossible to accommodate all of those who would seek to testify.

I would also like to thank all of the members of the committee who have joined us here today, and will be with us for our hearing in Santa Ana, Calif., tomorrow. The attendance by members of this committee has been among the highest of any committee that I have served on, and I think it reflects the interest and the concern of the members.

I would like to recognize Congressman Marriott for the purpose of an opening statement.

[Opening statement of Chairman George Miller follows:]

Opening Statement of Hon. George Miller, a Representative in Congress From the State of California and Chairman, Select Committee on Children, Youth, and Families

The Select Committee on Children, Youth and Families, which I am proud to chair, is pleased to hold its fourth regional hearing in Salt Lake City.

At this hearing, we will learn about current conditions and recent trends affecting children and their families in the Mountain States. Issues of concern in Montana, Wyoming, Colorado, Nevada and Utah will be highlighted throughout the day.

We will begin, for example, with Dr. Richard Krugman, director of the C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse in Colorado. He will further document what some of us have suspected and feared for a long time: that there is a direct relationship between increases in unemployment, and increases in child abuse.

We will hear from a single parent, struggling to attain self-sufficiency for herself and her children. She has faced great and disheartening difficulties, but has continued to pursue her goals, and achieve them, in inspiring fashion.

We will learn that in Utah, a state with the highest birthrate in the Nation, the infant mortality rate is increasing at a significantly alarming rate. Unfortunately and tragically, the rate of death of children by accidents is also higher in Utah than the Nation as a whole.

Other Utah witnesses will review: the cost of adequate child care, which has become prohibitive, even for many families with two wage earners; and the extent to which family violence, a major problem in every community, still remains hidden from public discussion and view.

Issues of hardship and poverty facing Hispanic and American Indian children will be addressed, as will the extent to which Hispanic youth continue to be incarcerated in disporportionate numbers.

These and other trends which we will learn about today are often masked by national data. That is one of the reasons we feel so strongly about holding regional hearings. Our information base would not be complete without this kind of testimony. We will continue to reach out to those working in local communities, to those dealing directly with issues of importance to our constituencies, and to parents and children who courageously share their experiences with us. This is the only way Government at every level, as well as the private sector, can help ensure that children and their families enjoy secure and healthy lives.

Mr. **Marriott**. Thank you, Mr. Chairman.

I want to extend a warm welcome to all of the committee members who have come a long way during this holiday season to take part in this hearing. As the chairman says, this is the fourth field hearing in a series of five that will finish up tomorrow.

Utah has always been interested in children and families. The number of people here today testifies to the fact that Utahans are not only concerned with children and family problems but anxious to be involved in finding solutions.

Family problems have been politicized and consequently the focus of public policy. Fortunately, the select committee has strong bipartisan support. While we may disagree on the best solution to many problems, there is little disagreement on the fact that many children and their families today are in trouble.

A recent report from The Congressional Research Service listed over 70 programs that impact families either directly or indirectly. Only a few seek the root causes of the problems. Most do little more than treat the symptoms.

As a nation, we seem to have lost the balance between the interest of our society and our quest to fulfill individual interests and desires. Dr. Hafen says today's lopsided competition between the individual and social interests have made the law a party to the contemporary haze that clouds our vision of what the family is or should be.

It may be that our pursuit of individual and personal interests at the expense of our obligations to society has contributed to the rapid increase in the divorce rate, increases in out-of-wedlock births, teenage pregnancy and other problems.

It follows logically that these problems are related in one way or another to the increase in juvenile crimes, use of drugs, including alcohol, child abuse and neglect, domestic violence, teenage prostitution, children who run away from homes, and other problems being studied by this committee.

Research tells us that the family and the support the family gives children is fundamental to personal development, self-discipline, creativity, motivation and achievement. Research also tells us that the problems of unemployment and poverty, child abuse and functional illiteracy and other problems can be passed from one generation to another.

It is self-evident that all of these problems place great demand on our human services and educational system. The result is increased cost to the taxpayers, a great loss of human potential, the hallmark of our Nation's productivity, and prosperity.

We will hear today from many expert witnesses who can speak to these problems, so I will not take any more time at this point. However, I have written a commentary on education for appropriate parenthood to be placed in the record.

Many others have also written testimony to share with the committee, and I ask unanimous consent that this testimony be included and that the record be held open for a reasonable time to receive testimony from others who may want to share their expertise with us.

I have a list here, Mr. Chairman, of people—Senator Hatch, William Palmer, Frank McDonald and others—who would like to have their testimonies that have been written submitted for the record as well. Again, I would ask that we do that.

I want to welcome all of the people who have come here today and we look forward to your testimony. I want to congratulate Chairman Miller, who really is the one individual most responsible in the Congress for the creation of this committee. I think we all owe him a gratitude for setting up this committee and being the leader in terms of trying to solve the problems that we hope we can solve.

Again, to all the committee members, welcome. To you, Mr. Chairman, thank you for coming here and holding this hearing.

[Opening statement of Congressman Dan Marriott follows:]

OPENING STATEMENT OF HON. DAN MARRIOTT, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF UTAH

I have been asked to write a brief statement regarding my position on making education for parenthood a part of the educational program. I am happy to make such a comment because the House Select Committee on Children, Youth and Families has focused on many of the problems faced by children and their families in recent years. Building a rationale for supporting some type of education to teach responsible parenthood is not difficult in light of the testimony and data presented to the Committee during the past eight months.

We have reached a time when many family problems have become politicized and consequently the focus of public policy. For a variety of reasons it is frequently easier for the federal government to deal with the problems of family malfunction than to establish programs designed to treat the root causes. During the past the federal government has authorized and appropriated funds to deal with the economic problems of families with dependent children (AFDC). Women, Infant and Childrens' programs (WIC), created the Office of Juvenile Justice and Delinquency Prevention (OJJDP), and enacted the Child Abuse Prevention and Treatment Act designed to prevent child abuse and to treat those children who have experienced abuse and neglect. These are only a few of the 71 programs developed in recent years designed to solve the problems of family disruption and disintegration. Our attempts, however, to deal with the fundamental human relationships essential to minimizing the disruption and disintegration of the family have not been very successful to date. Out of wedlock births continue to increase at rapid rates, divorce rates continue to go up, educational attainment lags, juvenile crime rates continue unabated, and the use of drugs including alcohol by minors is startling (House Select Committee Print, 1983).

Of the programs supported by the federal government only those directed toward basic research have, for the most part, been effective in providing primary prevention of childrens' and family problems. Basic research sponsored by federal agencies concerned with nutrition, prenatal care, and other health problems of children provide the best examples of effective primary prevention.

Research in recent years has demonstrated that problems of poverty and unemployment, functional illiteracy, abuse and neglect, adolescent sexual activity, divorce and many other problems are handed down from generation to generation like a family heirloom. If the trends of the past ten to twenty years continue we can anticipate even greater demands on the nation's health, educational and social service systems as a result of increasing numbers of children and families in trouble.

It may already be too late to rectify the irreprable damage that has already been done to seriously abused and neglected children; to children of low birth weight who are frequently at high risk of becoming handicapped; and, to juvenile offenders who, without appropriate intervention, may be designed to a life of prostitution, drug addiction, or other crimes. While we must provide for those irreparably damaged children we can not return them to normalcy.

It is not too late, however, to provide educational programs that help prepare young people for responsible parenthood and family life. And, marriage is still recognized as the legal glue that holds the family together and requires legal sanction in the form of a marriage license and a formal religious or civil ceremony to initiate and a divorce decree issued by a court if the marriage relationship is terminated.

Society's long term interest in its children and families may be better served by ensuring that all children are given the chance to understand the consequences that may result from failure to establish this family relationship prior to sexual activity. If we accept the proposition that the long term interests of society may be better served by ensuring that all minors are taught the importance of the family in our society we must than ask the question,"Who should teach them?"

This quesiton is readily answered by observing that in our pluralistic society the family itself is best able to teach each succeeding generation about the values (and obligations) of the family unit. The fundamental importance of the family is well established and data from a variety of fields and sources confirm how vital the family is in the crucial areas of individual motivation and achievement, personality development, self-discipline and creativeness.

The problem we are left to resolve then, is who becomes responsible for transmitting those attributes essential to appropriate parenthood when families becomes disfunctional and fail to carry out this family responsibility? Since, as a result of compulsory education laws, the educational systems of this country are the only social institutions to come into contact with every child is the responsibility shifted in whole or in part to our schools, both public and private?

The answer to these question is, in my opinion, that the preparation of youngsters to function as effective parents is a responsibility that must be shared by the family, community, religious institutions, and the schools.

It would be presumptuous of me to suggest specific curriculum content. Indeed, to do so would fly in the face of my equally strong belief that parent education programs work best when they are developed within the local community and local school context. Effective parent education programs must be developed in a local community setting by people with shared goals and values that reflect the general moral outlook of the community.

In suggesting that school programs can help prepare youngsters for appropriate parenthood I am not referring to explicit sex education or teaching methods of contraception. Similarly, since we hold parents responsible for the health and welfare of their children until they reach the age of majority it is illogical, in my opinion, to fix such a responsibility and, at the same time, insist that parents need not be informed when prescription drugs or devices are to be used to prevent pregnancy.

Parent education programs can play a positive role in the lives of young people who, for whatever reason, are not receiving strong reinforcement in the family setting. They can be of great value to young people who are not yet fully matured as adults but are, nevertheless, parents. These young people need special help to truly understand the lasting impact their own parenting will have on their children. This aspect of parenthood education may best be done by personnel in hospital or other community health settings.

One aspect of the shared responsibility for parent education programs that may be most readily carried out in the academic setting is to help young people understand child growth and development. They should be taught that childhood extends over a considerable period of time and should understand why the child is utterly dependent upon its parents or other care-givers for healthy growth and development. Teaching (and learning) ways in which the parents can better fulfill their role as care-givers is essential for any effective program of education for responsible parenthood.

This aspect of education for parenthood can easily be accommodated by the schools because most teachers, school nurses, school psychologists, and school social workers have been liberally exposed to courses in child growth and development. And, other aspects of the life cycle can also be taught by school personnel who have been exposed to appropriate courses in their professional preparation programs.

At the same time, young people who are potential or actual parents need to understand the negative consequences of failure to take responsibility for their actions. Effective parent education programs should, in my judgment, teach young people about the causes and consequences of child abuse and neglect; the causes and consequences of teenage pregnancy; and, the potentially damaging effects on children of divorce, separation and death of a close family member. It is also important that education for appropriate parenthood examine the impact of divorce including the increasing number of families living in poverty headed by women, and the alarming number of divorced fathers who do not fulfill their child support responsibilities.

During my years of service in the Congress I have become increasingly aware of the many problems children and their families face in our contemporary society. I am also acutely aware of the fact that the laws enacted by the Congress to solve many of these problems have, for the most part, treated only the symptoms and have failed to get at the basic causes. In fact, it can be argued that some federally sponsored programs and the rules and regulations promulgated thereunder contribute to the break-up of the family. Aid to families with dependent children (AFDC) affords one example.

Contemporary society places such a high premium on individual liberties that we seem to have lost sight of fundamental social interests. Domestic violence, divorce, child abuse, cohabitation without benefit of marriage, drug dependency, pornography, juvenile crime and other problems not only impose tremendous economic burdens on local, state and federal governments but also consumes the very fabric that holds us together as a free society.

Hafen (1983) argues convincingly that: "Today's lopsided competition between the individual and social interests has made the law a party to the contemporary haze that clouds our vision of what the family is or should be. . ."(p. 471).

If, as Hafen suggests, our vision of what a family is or should be is clouded by "today's lopsided competition between individual and social interests" it's time we bring as many resources as we have available to bear on the problem of preparing the next generation for appropriate parenthood. Of all the social institutions the family is undeniably the most fundamental for the transmission of our pluralistic goals, our social and moral values, and our personal commitment to the maintenance of a free society. These goals, values, and commitments must be taught to each succeeding generation.

If involving our schools, both public and private, in a shared responsibility for preparing young people to function effectively as parents will help balance the scales of individual and social interests, I must be counted as voting, "Aye!"

Hafen, B.C., "The Constitutional Status of Marriage, Kinship, and Sexual Privacy—Balancing the Individual and Social Interests," *Michigan Law Review*, Vol. 81, No. 3, 1983.

House Select Committee on Children, Youth and Families, *U.S. Children and Their Families: Current Conditions and Recent Trends* U.S. Government Printing Office, Washington, D.C. May, 1983.

Chairman **Miller**. Congressman Patterson.

Mr. **Patterson**. I have no opening statement.

Chairman **Miller**. Congressman Fish.

Mr. **Fish**. No statement. Thank you.

Mr. **Wolf**. No statement.

Mr. **Coats**. No statement, Mr. Chairman.

Chairman **Miller**. Barbara.

Ms. **Vucanovich**. I simply would like to express a welcome, Mr. Chairman, to particularly two gentlemen from my State, Nevada, Robert Praksti of the National Council of Juvenile and Family Court Judges of Reno. I hope he is out there. He will be testifying on permanency planning. And Bill Furlong, who is the chief of child support enforcement for the State of Nevada from Carson City, who will be speaking on child support enforcement.

Of course, these issues are of great importance to the children and families of Nevada and I am sure to children and families across the nation. And I thank you very much for the opportunity to welcome them. It is very nice to be here.

Chairman **Miller**. Thank you.

The statements of members and the statements requested by Congressman Marriott, without objection, will be placed in the record at this point.

[The information follows:]

Opening Statement of Hon. Barbara Vucanovich, a Representative in Congress From the State of Nevada

Mr. Chairman, I am very pleased to be here today in Salt Lake City, in the congressional district of our distinguished colleague, Mr. Marriott, Ranking Minority Member of this first Select Committee on Children, Youth, and Families.

I would also like to take this opportunity to express a warm welcome to those who have traveled to testify before the Committee, and particularly to two gentlemen from my State of Nevada: Robert Praksti, J. D. of the National Council of Juvenile and Family Court Judges of Reno, Nevada, who will be testifying on Permanency Planning, and Bill Furlong, Chief of Support Enforcement for the State of Nevada, from Carson City, who will be speaking on Child Support Enforcement. These issues are of great importance to the children and families of Nevada, and I am sure to children and families all across the Nation.

In addition, I would like to thank the Committee, and especially Dr. Kline of the Committee Staff, for assisting Mr. Praksti, Mr. Furlong, and me in preparing for this important regional hearing. I am sure that the Committee, and all those in attendance, will benefit greatly from the thoughts, experiences, and expertise which is to be shared.

Mr. Chairman, I am, once again, pleased to be here today and am looking forward to an informative and productive hearing.

PREPARED STATEMENT OF HON. ORRIN HATCH, A U.S. SENATOR FROM THE STATE OF UTAH

Three years ago, Joan Beck, a Chicago columnist, wrote "The last two decades have been hard on families. The 1980s are expected to be even worse. And the state of the family has—solemnly and with plenty of government and foundation money—become the subject of handwringing, rhetoric and resolution . . . there is more divorce, more single parent families, less time for children, less refuge in the family for the young, the elderly, the unemployed and the lonely."

In a recent Gallup poll surveying the hierarchy of values in our American society, the great majority of individuals placed a "good family" life at the very top of their list. It seems that, even with much current rhetoric to the contrary, most Americans feel that they can realize the greatest happiness in the traditional home with parents and children.

Certainly, this finding gives a clear message to those of us who are responsbile for reflecting the opinions and choices of American citizens. Our decisions must harmonize with values promoting a good family life. And, if we are honestly and conscientiously doing our job, any law or decision that detracts is not justifiable.

I am pleased Congressman Marriott, as the ranking minority member of the House of Representatives Select Committee on Children, Family and Youth, has assembled a wide array of witnesses to discuss federal, state, local and private efforts in Utah and the Intermountain area promoting a full and supportive family life. I am happy to support his efforts today.

Too often in the past and present, we in Congress are too busy enacting laws that we forget the adverse effects these proposals have on the family. By recent analysis, over 1,000 programs affect the family. We need to reexamine these laws and regulations. We need to rekindle family responsibility and individual autonomy in each area of social policy. Our government should adopt no policy that would drive a wedge between husbands and wives or between parents and their children.

The Senate Labor and Human Resources Committee, of which I am chairman, has been holding hearings on the impact federal laws have on the changing role of the American family. Through these hearings I have learned that millions of families are falling into poverty and are growing more dependent on various public assistance programs. In 1981, there were well over 10 million American families headed by women. In 40 percent of these families, the female breadwinner was unemployed. Of the 8.4 million women nationwide who had custody of their children, less than half had been awarded child support. And of those entitled to child support payments, only 47 percent received the full amount, an average of $40 per week. Twenty-eight percent received nothing. More than 50 percent of the children in families headed by women are living at or below the poverty level, compared to only 8 percent of children in husband-wife families. In Utah, 96 percent of all recipients of federal income transfer payments were women, a figure which is probably indicative of the situation in most states. Aid to Families with Dependent Children (AFDC) is the most expensive federal entitlement program we have. It is appropriated at a level of $6.3 billion. Nearly 91 percent of the recipients of this federal payment are women.

I have introduced a package of legislative measures I hope will reverse some of these trends. My proposals are designed as an investment in our nation's whole economic future. Not only will these measure help more people off of dependence on entitlement programs, but these individuals will also be contributing their talents and efforts into the workplace. I have currently introduced six legislative initiatives. They are: the Dependent Care Resources and Referral Act; the Displaced Homemaker Opportunity Act; the Homemaker Volunteer Retirement Act; the Freedom of Workplace Act; the Research, Treatment and Prevention of Substance Abuse Among Women Act; and the Pro-Family Preservation and Demonstration Project Act.

Another important concern I have is the adoption of some children into permanent families. In this great land, a land of prosperity and opportunity, these resides an estimated 100,000 adoptable children. They are children legally free for adoption but who remain in foster and institutionalized care. The majority of these children are children with special needs. They are children with physical, emotional and mental handicaps; they are children who have already reached school age; they are children of varied races; and they are children with brothers and sisters. But they are children. And as children they have a basic right as well as a fundamental need for the security and love found only in a permanent, caring home. Psychologists and sociologists tell us that the most basic human need is love, and second to that is security.

All children require the security and love that you and I do—this same security and love that is necessary for every individual to develop into a healthy, happy, secure personality. It is hoped that the time we spend here today highlighting family issues, and in particular adoption, will increase national awareness of the plight of these children.

Finally, I want to share with my colleagues and fellow Utahns my commitment to parental involvement in the dispensing of prescription contraceptives. While the government continues to spend millions of dollars providing contraceptives to teens without their parents' knowledge or consent, the problems related to adolescent sexual activity continues to get much worse. Too often in the past, service providers or government organizations have come between parents and their children on issues of personal significance. The agencies have laudable intentions but I feel that parents are the best source of help, strength, and counsel that young people can receive. Government should not weaken those ties, but rather should try to strengthen them. We in Utah should remain committed to our state law requiring parental consent prior to dispensing contraceptives.

Again, let me thank Congressman Marriott for asking me to join him in these hearings today. I have worked with many of today's witnesses directly. In addressing the often painful and lonely changes occurring in some of the lives of American families, we must not haphazardly rush forward with individual remedies that may be at cross purposes with each other. Instead we must all join a partnership; we must proceed in a unified determined way, armed with knowledge gained through these committee hearings.

Chairman. **Miller**. I would like now to call the members of panel No. 1: Dr. Richard Krugman, Ms. Betty Tatham, Dr. Joseph Terry Williams, Mr. Dan Maldonado, Mr. David Berriel, and Mr. Frank Matheson.

If you will come forward. Welcome to the committee.

One of the unfortunate tasks I have as the chairman of the committee is to ask you, beseech you and beg you to keep your testimony as short as you possibly can. We are already better than a half an hour beyond schedule, and we must be out of this room by 3:30.

I would like to tell you that all of your statements will be placed in the record in their entirety and I would hope that you will try where possible to summarize. Perhaps those of you who are waiting to testify can go through your statement and highlight it so that we can allow time for questions. That is the point at which you can respond to the concerns of the committee and/or we can follow up on points that you mention. It is not to limit your ability, but it is to try to get greatest interplay. We are here to let us ask questions and to hear from you.

And so, if you can highlight the central concerns of your testimony, I think we will be able to respond to that and I think give us the greatest benefit of your presence here.

We are going to try to adhere to a 5-minute rule except for the first witness, because the first witness was not exactly on notice as to this policy. The rest of you can hurriedly try to highlight so that time remains for questions. Congressman Marriott.

Mr. **Marriott**. Before we get to the panel, we would like to ask Mike Stewart if he would come forward. He is representing the county commission, and he just has an opening statement.

Mr. **Stewart**. Honorable chairman and representatives, thank you for holding your hearings here in Salt Lake City. As you recognize, many from the intermountain area have come to give testimony and we welcome them in this valley. It is a valley of 700,000 people; 11 cities are here.

As you know, in Utah, as with most other counties, the administrative district of counties gives the service for State and Federal Government, and we are pleased that you are sensitive.

I think, frankly, as I poll and know who sits here, you are the bold souls who are trying to deal with the fragile flowers of the American fabric: family, youth and children. I think frankly we owe you a deep appreciation for taking your time in recess to be here as a special committee and assess the needs.

This morning as we sat in breakfast together, I think we were all impressed as the piano was being tuned down in the hotel, that frankly that is the same role you are performing. You are tuning the piano, if you will, to make certain that the Federal program fits the local need and the local problem.

So in your effort to tune that piano and to make sure they do fit and conform, we praise you for that and hope that your hearing will be a success. We appreciate the efforts made by all of you to be here when others would like to be elsewhere. For this, we laud you and welcome you in this valley on behalf of many who were delivering the services that you are guiding as you deliberate in Congress.

Thank you and welcome again.

Chairman MILLER. Thank you.

Dr. Krugman.

STATEMENT OF DR. RICHARD KRUGMAN, ASSOCIATE PROFESSOR OF PEDIATRICS, UNIVERSITY OF COLORADO SCHOOL OF MEDICINE, DIRECTOR, C. HENRY KEMPE NATIONAL CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

Dr. KRUGMAN. Mr. Chairman, members of the committee, I am Richard Krugman, associate professor of pediatrics at the University of Colorado School of Medicine, and director of the C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect.

My purpose today is to share with you data that provides some evidence to link unemployment with parallel changes in the number of cases of physically abused children seen at our institution in Denver.

I would also offer some observations on these findings and some recommendations for policy.

Our child protection team at the University of Colorado University Hospital has been in existence for 25 years, begun by Dr. C. Henry Kempe and a psychiatrist colleague, Dr. Brandt Steele. The team has been a model for the development of hundreds of such teams in the United States and around the world.

Since 1964, the team has kept annual statistics on its caseload. From 1964 through 1973, 98 percent of the nearly 250 cases seen in that decade were physical abuse—including fractures, head injuries, subdural hematomas, burns, and bruises or neglect.

Sexual abuse was rarely seen. Since 1974, and most particularly since 1980, the number of cases of sexual abuse seen by our team has increased dramatically. I believe that the dramatic increase in sexual abuse is primarily related to better recognition and reporting of the problem. Establishing a link between unemployment and sexual abuse in the midst of the flood of new reports is not possible.

The reporting of physical abuse, however, has become relatively stable. Although child protective service agencies in our area witness fluctuations—sometimes noting short-term increases in reporting following a highly publicized child abuse case or media campaign—for the most part, our social, educational, and medical institutions are generally familiar with the need to report physical abuse and have been since 1970. We are not in the discovery phase of physical abuse, as we are with regard to the recognition of sexual abuse.

Furthermore, the population our hospital serves also has been demographically stable for at least the past 15 years. I think it is important for you to know that the data that we look at doesn't reflect great changes in population. It is really the same socioeconomic group.

If someone can flip on the first slide, it is hard for an associate professor to have slides and turn out lights and do things like that.

This slide shows the physical abuse cases that we have seen since 1965. The solid bars represent physical abuse and the total bar is all abuse. The dotted line represents changes in the unemployment rate in Colorado over time.

I think you can see that there are two peaks, one in here from 1974 to 1977 and then a dip and then a rise again to 1982.

What I can tell you because I have analyzed 9 months of data for 1983 is that 1983, our unemployment rate has dropped to 7 percent and the number of cases of physical abuse on an annualized rate has also dropped to approximately 100 from 120, which was the highest level last year. So we have had a parallel drop this year as well.

This is not going to show up very well, but basically it is a statistical representation that shows a correlation, with the significance of less than .002, of the relationship between unemployment and physical abuse.

We looked at severe physical abuse because a question that could be raised is, does the increase that we see mean more reports of physical abuse? We have seen a parallel increase in severe physical abuse that is, burns, subdural hematomas in babies, and fractures—at the same time, we saw the increase in unemployment, I think what that shows us is that it is not better reporting, because in a system that has better reporting should see less, not more, severe physical abuse. Better reporting would find you cases earlier and you would not see the kinds of severe problems we saw.

The last slide shows sexual abuse, which you can see did not exist in Colorado before 1974 and has dramatically increased over the last 3 years. We have gone from 15 cases in 1980 to 30 cases in 1981 to 81 cases in 1982. So far this year, we have already seen 99 cases as of the end of September and expect that while the unemployment rate drops this year, sexual abuse will continue to rise, showing that increased reporting effect that I showed you before.

What should we conclude? I believe that as experts and nonexperts in this field have said for years, there is a relationship between unemployment and physical abuse of children.

Whether this occurs because of increased psychological stress and increased number of hours that the potentially abusive adult has with the child or an inability to obtain care, whether it is social services or any other kind of care, we really don't know from this data.

There are other factors that have been in the past linked to abuse and neglect, such as alcoholism and substance abuse that also, I believe, show parallelism with unemployment problems.

Complex problems usually do not have simple solutions and, as previous studies in this area have concluded, definite causal relationships are almost impossible.

What recommendations would we make? It is clear that if this association holds, then, in weighing the cost benefits of programs that are designed to stimulate employment, the added costs to the society of the treatment of abused children and their families should be included in the analysis both short and long term.

We must recognize, however, that unemployment does not cause child abuse. We looked at a sample of our cases and only 49 percent of the families that we dealt with over an 8-year period on a sampling basis were unemployed. Fifty-one percent of people who abused their children were in fact employed at the time.

It is important to the extent that unemployment is associated with an increase in cases, but let no one conclude that if there were no unemployment there would be no child abuse. Remember, only half of our abusers were unemployed.

Further, efforts need to be made at the Federal, State, and local level to assemble the information, provide diagnostic and treatment services to families and, above all, evaluate prevention efforts if we are going to reduce the numbers of children physically, sexually, and emotionally abused in our country.

Sessions such as this one, the overall work of the Select Committee on Children, Youth, and Families, and many other public and private efforts are needed to focus on the important efforts on children and families.

I appreciate the opportunity to present this information and will be pleased to answer questions that you may have.

Chairman MILLER. Thank you very much, Dr. Krugman.

[Prepared statement of Dr. Richard Krugman follows:]

PREPARED STATEMENT OF RICHARD D. KRUGMAN, M.D., ASSOCIATE PROFESSOR OF PEDIATRICS, UNIVERSITY OF COLORADO SCHOOL OF MEDICINE, DIRECTOR, THE C. HENRY KEMPE NATIONAL CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

My purpose today is to share with you data that provide some evidence to link unemployment variations with parallel changes in the number of cases of physically abused children seen at our institution. I will also offer some observations of the significance of these findings and recommendations for policy.

The Child Protection Team at University of Colorado University Hospital has been in existence for 25 years. Begun by Dr. C. Henry Kempe and his psychiatrist colleague, Dr. Brandt Steele, this multidisciplinary team has been a model for the development of hundreds of such teams in the United States and around the world. Since 1964, the team has kept annual statistics on its case load. From 1964 through 1973, 98% of the nearly 250 cases seen in that decade were physical abuse (including fractures, head injuries, subdural hematomas, burns and bruises or neglect). Sexual abuse was rarely seen. Since 1974, and most particularly since 1980, the number of cases of sexual abuse seen by our team has increased dramatically—15 in 1980, 32 in 1981, 81 in 1982, 94 in the first nine months of 1983—an annual rate of 124. I believe that the dramatic increase in sexual abuse is primarily related to better recognition and reporting of the problem. Establishing a link between unemployment and sexual abuse in the midst of the flood of new reports is not possible.

The reporting of physical abuse, however, has become relatively stable. Although child protective service agencies in our area witness fluctuations—sometimes noting short term increases in reporting following a highly publicized child abuse case or media campaign—for the most part, our social, educational and medical institutions are generally familiar with the need to report physical abuse and have been since 1970. We are not in the "discovery" phase of physical abuse, as we are with regard to the recognition of sexual abuse.

Furthermore, the population our hospital serves also has been demographically stable for at least the past 15 years. Our clientele is primarily low income with one-third of our patients being on Medicaid, one-third classified as "medically indigent" and one-third full pay—that is, an income of at least $15,000 for a family of four. So, although we have great mobility in the individuals seen at our hospital, there has been relatively little change in the socioeconomic status of the families who have come to us for care over the past 15 years.

What have we found? The *first figure* depicts the cases of physical abuse (solid bar) as a proportion of all abuse and neglect cases seen by our team since 1964. The annual unemployment rate for Colorado is represented by the broken line. Notice that there are two peaks and one valley. Preliminary 1983 data gives the impression of another drop in both physical abuse and unemployment. *Figure 2* shows that the correlation between unemployment rate and the number of physical abuse cases seen is significant at a level of .002 ($r^2 = .61$). I have also analyzed nine months of data from 1983, and can tell you that the total number of cases we have seen so far will be close to 1982 (332 projected vs. 327 last year), but physical abuse is projected to fall to 99. The average unemployment rate for the past nine months is 7.1%. If we include these data, the correlation is significant at a .001 level.

Figure 3 depicts the experience with severe physical abuse (fractures, burns, and subdural hematomas). It parallels that with all reported physical abuse. This supports the assumption that the increase in cases is not from better reporting since one would expect fewer severe injuries with better recognition, not more. Further, not shown here but at our peak unemployment last year, we had four deaths, three in unemployed homes. No deaths yet this year. Neither were there any in 1979 and 1980. We had one death in 1981.

Figure 4 depicts the sexual abuse data. The 1983 total (not shown) already exceeds the 1983 figure after 9 months (91) projected to 124. This steady rise in cases probably reflects the increase in public and professional awareness of the problem.

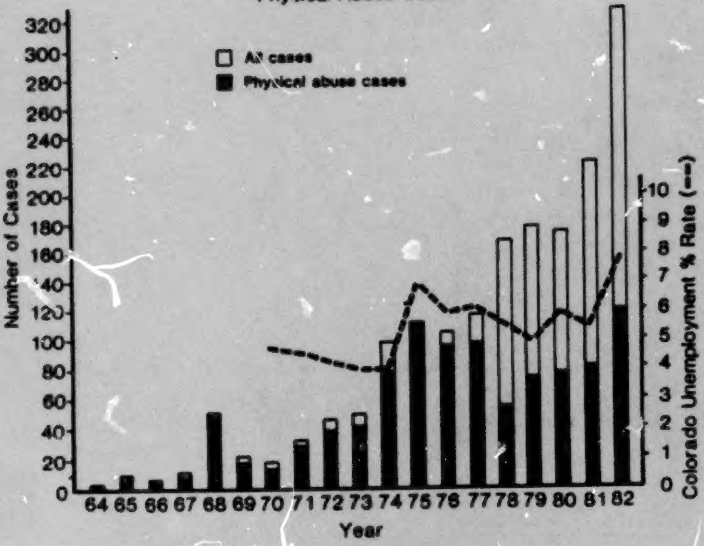
Finally, we looked at all our records over the past years, and reviewed a random sample of 30 cases from each of four years—1976-78-80-82 to see what proportion of our children were coming from homes where unemployment was a factor. Forty-nine percent of this sample were unemployed families. This percentage was stable in each sampled year.

What should we conclude? We believe, as experts and non-experts in the field have said for years, that there is a relationship between unemployment and physical abuse of children. Whether this occurs because of increased psychological stress, an increased number of hours an individual who is a potentially abusive adult has with a child, or inability to obtain care, we do not know. There are other factors, such as alcoholism and substance abuse, that are also associated with both child abuse and unemployment. Complex problems usually do not have simple solutions, and as previous studies in this area have concluded, definite causal relationships are almost impossible.

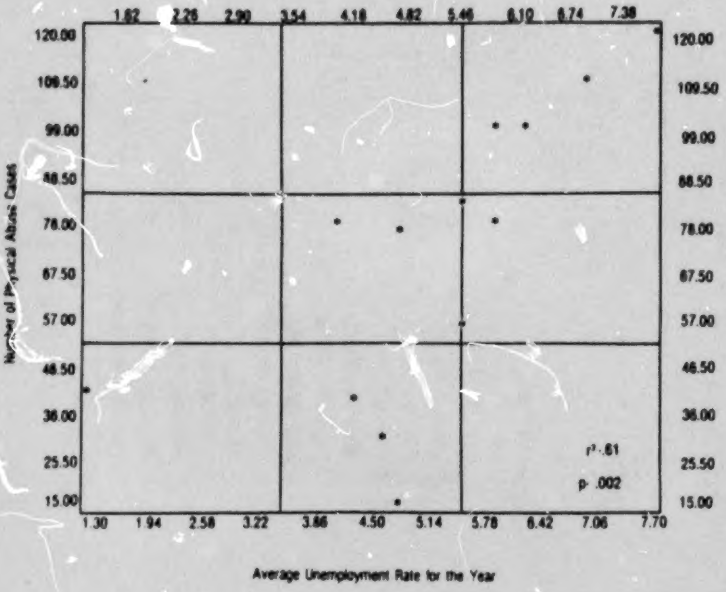
What recommendations would we make? It is clear that if this association holds, then in weighing the cost benefits of programs designed to stimulate employment, the added costs to society of the treatment of abused children and their families should be included in the analysis, both short and long term. We must recognize, however, that unemployment does not cause child abuse. It is important to the extent that it is associated with an increase in cases, but let no one conclude that if there were no unemployment, there would be no child abuse. Remember that only half of our abusers were unemployed.

Further efforts must be made at the federal, state and local levels to assemble the information, provide diagnostic and treatment services to families, and above all, evaluate prevention efforts if we are going to reduce the numbers of children physically, sexually, and emotionally abused in our country. Sessions such as this, the work of the Select Committee on Children, Youth and Families, and many other public and private efforts are needed to focus on the important problems of children and families. I appreciate the opportunity to have presented this information and would be pleased to answer questions at the appropriate time.

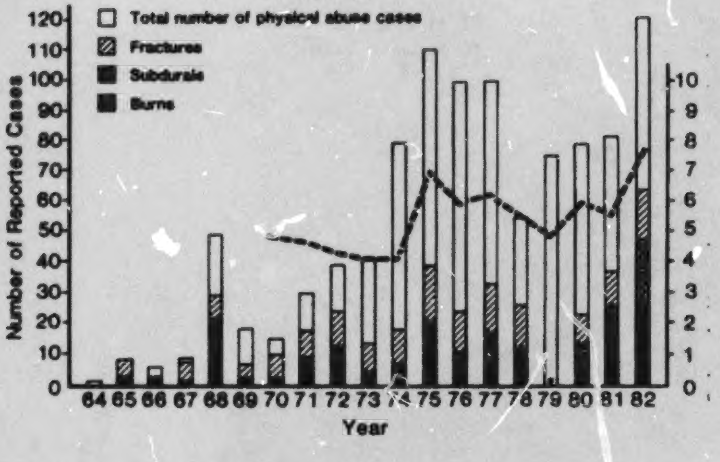
Physical Abuse Cases

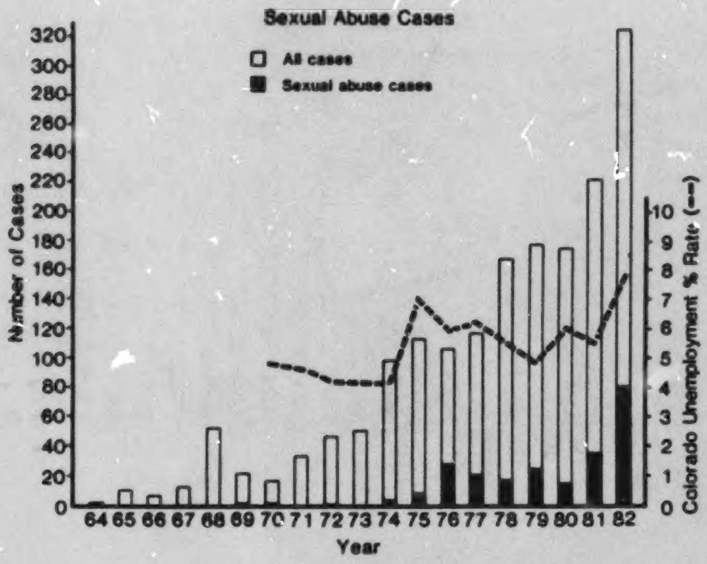


PHYSICAL ABUSE VS. UNEMPLOYMENT RATE ANALYSIS



Severe Physical Abuse




Sexual Abuse Cases
All cases
Sexual abuse cases
Number of Cases
320
300
280
260
240
220
200
180
160
140
120
100
80
60
40
20
0
64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82
Year
Colorado Unemployment % Rate (---)
10
9
8
7
6
5
4
3
2
1
0

Chairman MILLER. Now we will hear from Betty Tatham, executive director of the YWCA in Salt Lake City.

STATEMENT OF BETTY TATHAM, EXECUTIVE DIRECTOR, YWCA, SALT LAKE CITY, UTAH

Ms. TATHAM. Thank you very much, Mr. Chairman.

Mr. Chairman and members of the committee, I am honored to have the opportunity to address your select committee on the topic of spouse abuse in Utah. In 1976, I was instrumental in opening the first shelter for battered women at the YWCA of Salt Lake City with a demonstration grant from the United Way and with full support from the YWCA board of directors.

In early 1977, this became the first shelter in our country to be fully funded by a State through funds appropriated by the legislature to the Division of Family Services. Due to an ever-expanding census, it became necessary to secure ongoing United Way support and additional funding sources.

Since 1976, four additional shelters have been opened in our State: In Ogden at the YWCA, in Price, Provo and Vernal. In 1983 alone, these five shelters will have served as a refuge to close to 3,000 women and children—2,000 from Salt Lake City alone.

The Utah Department of Social Services spends about $419,000 on these residential services per year plus providing counseling through local offices. Services to child and spouse abuse victims have received excellent support from Governor Scott M. Matheson (D), and the legislature, which is mainly Republican, we're very bipartisan here, and the division of family services, all major churches, law enforcement agencies, civic organizations, the press, and the public at large.

Just two examples of unusual service projects are: One, the Zonta International Club had a boutique built at the YWCA and they and other groups stock it with free used clothing for our "Women in Jeopardy" and their children, because they often come without even a toothbrush and need these items.

Two, the Utah PBL and FBL—future business leaders of America—chapters of college and high school students have chosen the "prevention of family violence and the dissemination of information about services to victims" as their annual service project for 1983–84.

The types of injuries that have brought abused wives to our shelters have included gun and knife wounds, broken bones, contusions, lacerations, internal injuries, et cetera; the pain and terror that has forced these women to flee their homes are unimaginable, but let me mention a few examples from Salt Lake City.

One woman had her jaw broken three times and will have to consume all food with a straw for the rest of her life, while another woman lost an eye when her husband beat her about the head with the highheel of her shoe. A woman whose husband wounded her head into the faucet handles in the bathtub had an aneurysm requiring 5 hours of brain surgery; this resulted in years of physical therapy and some permanent handicaps.

A woman in her 8th month of pregnancy was stabbed in the abdomen; miraculously, she and the baby both lived. A few of the women have been left for dead and two were killed by their husbands. One of them was on her way into our shelter with her two preschoolers and the other one had already left our shelter with her son. Both women were shot and one of the husbands is now in prison, while the other one killed himself also.

We had an abusive husband with a loaded gun disarmed in our lobby; he had come to kill his wife. There are other types of abuse that leave less gruesome physical marks, but are debilitating just the same, such as: Being locked in a closet all day, being starved, seeing your children abused, et cetera.

One husband who abused his wife also used to shake their 6-week-old baby until her head bounced around like a ball. You can imagine the brain damage that would do to a child. Her 3-year-old brother had an ulcer. Five girls, ages 3 to 11, who came to our shelter with their abused mother, had all been sexually abused by the father.

Many people would rather not think about these ghastly realities, but we must think and we must do what we can to stop family violence.

The September 5, 1983 Time magazine article, "Wife Beating: The Silent Crime" tells us:

> Nearly 6 million wives will be abused by their husbands in any one year. Some 2,000 to 4,000 women are beaten to death annually. The nation's police spend one-third of their time responding to domestic violence calls. Battery is the single major cause of injury to women, more significant than auto accidents, rapes and muggings.

The article goes on to state that what is new is the fact that wife beating is no longer widely accepted as private and inevitable. While this change in attitude is not yet universal, it is rapidly growing; and if we are not to raise yet another generation of spouse abusers, we need to see to it that children do not grow up in homes where they experience violence or learn from violent role models. Spouse and child abuse often occur in the same families and sexual child abuse is also far more prevalent in these homes.

All children are traumatized by living in a violent home. We have seen children with normal intelligence who act as if they were retarded, have learning difficulties in school, have eating and sleeping problems, exhibit speech difficulties, are overactive, act out, are withdrawn or depressed, et cetera.

We have seen some 2-year-olds who have displayed signs of "situational" autism adopting those behaviors as a result of the pain, fear and chaos that have filled their young lives, and a number of our children have had ulcers and other high-stress diseases as well as the "failure to thrive syndrome," which, if untreated, can lead to retardation.

Studies have proven that children who witness or experience abuse are far more likely to become abusive adults. Four out of five people in prison tell us they were abused as children. Violence breeds violence.

Dr. Donald F. Kline of the Utah Association of Counsel for Children prepared an excellent paper for our State legislature in July 1982 in which he listed some of the high financial costs to society that are the result of abuse and neglect.

To quote Dr. Kline:

> Abused and neglected children are ten times more likely to be placed in special education classes and institutions than non-abused children and that cost can be as much as three to four times greater than the cost of education in the regular classroom . . . if a child is severely multiple handicapped and institutionalized as a result of abuse, the cost is about $22,900 per year or $1,034,775 if a 45-year life span is assumed.

The cost of not addressing family violence is exorbitant.

Why women remain in abusive relationships is a frequently asked question. The most common reasons are: lack of confidence and self-esteem; economic reasons and fear of the unknown; minimal or no job skills; staying "for the children's sake" and not realizing how harmful it is for children to live in a violent home; emotional attachment to the husband; hope that the violence will stop and "things will get better."

Most of the women we see in our shelter have been brought up to assume the traditional role of wife and mother and have doubts about their ability to make it on their own. A little over 50 percent of the women who enter our shelter for the first time go back home again. Some are able to convince their husbands to enter counseling and the family is reunited and becomes violence free. Others find that the violence resumes despite his promises.

Utah law allows a total of 30 days of shelter for each abuse victim per year. Those women who do not opt to go home must be helped to find a job, housing, and learn how to become self-sufficient. Suggesting that the husband be removed from the home can be helpful in a few cases, but the majority of women need access to shelters where they can receive support, have time to evaluate their options, and feel safe.

Shelters also provide some child care so that women can go to community agencies for legal and other services, find employment and child care, et cetera. Most of all, shelters are needed because they provide a place of refuge and safety. Otherwise, the only way to guarantee that the husband will not hurt her is to have him in jail, and that does not last long and is very expensive.

In 1978, our State legislature established the Utah Domestic Violence Council, which I have chaired for the past 2 years. It is an advisory body to the Utah Family Services Board and consists of professionals with expertise in domestic violence matters from law enforcement, social service and other agencies.

We meet monthly and have sponsored conferences and workshops, printed a brochure on statewide spouse abuse services, reviewed standards for shelters, supported funding requests, and helped prepare and lobbied for the Spouse Abuse Act, passed in 1979, and the spouse abuse amendments and Spouse Abuse Procedures Act, passed in 1983.

We are indeed fortunate in Utah that families and children are a high priority and that various services have been established, but more are desperately needed, especially in the more rural areas of our State, on military bases, and Indian reservations.

I, therefore, beseech you and your colleagues in Congress to lobby and vote for H.B. 1904, the family violence prevention services bill, which would authorize approximately $15 million for fiscal year 1984, $20 million for fiscal year 1985, and $30 million for fiscal year 1986.

These funds are badly needed and so is a national coordinating effort. The funds authorized by H.B. 1904 would be only a small fraction of the billions of dollars we will spend on mental health services, institutional care, prisons and other services for the victims of family violence who are also likely to become the next generation of abusers.

To sum up: We pride ourselves on being a country that cherishes and protects individual human freedom—that must include freedom from violence for all of our citizens.

Mr. Chairman, I have two additional addenda to my testimony from Colorado and Arizona which have arrived. They are in written form and I would like to submit them as part of the evidence as well as a policy statement from the Canadian Association of Social Workers which gives their statement on domestic violence.

Chairman MILLER. Thank you so much, and we will make those part of the file of this hearing.

[Prepared state of Betty Tatham follows:]

PREPARED STATEMENT OF BETTY TATHAM, EXECUTIVE DIRECTOR, YWCA, SALT LAKE CITY AND CHAIRPERSON OF THE UTAH DOMESTIC VIOLENCE COUNCIL, SALT LAKE CITY, UTAH

Mr. Chairman and members of the Committee, I am honored to have the opportunity to address your Select Committee on the topic of spouse abuse in Utah. In 1976 I was instrumental in opening the first shelter for battered women at the YWCA of Salt Lake City with a demonstration grant from the United Way and with full support from the YWCA Board of Directors. In early 1977 this became the first shelter in our country to be fully funded by a state through funds appropriated by the Legislature to the Division of Family Services. Due to an every expanding census it became necessary to secure on going United Way support and additional funding sources. Since 1976 four additional shelters have been opened in our state: In Ogden at the YWCA, in Price, Provo and Vernal. In 1983 alone these five shelters will have served as a refuge to close to 3,000 women and children—2,000 from Salt Lake City alone. The Utah Department of Social Services spends about $419,000 on these residential services per year plus providing counseling through local offices. Services to child and spouse abuse victims have received excellent support from: Governor Scott M. Matheson (D) and the Legislature which is mainly Republican, the Division of Family Services, all major churches, law enforcement agencies, civic organizations, the press, and the public at large. Just two examples of unusual service projects are: 1) the Zonta International Club had a boutique built at the YWCA and they and other groups stock it with free used clothing for our "Women in Jeopardy" and their children. 2) the Utah PBL and FBL (Future Business Leaders of America) chapters of college and high school students have chosen the "Prevention of Family Violence and the Dissemination of Information about Services to Victims" as their annual service project for 1983-84.

The types of injuries that have brought abused wives to our shelters have included gun and knife wounds, broken bones, contusions, lacerations, internal injuries, etc.; the pain and terror that has forced these women to flee their homes are unimaginable, but let me mention a few examples from Salt Lake City: One woman had her jaw broken three times and will have to consume all food with a straw for the rest of her life, while another woman lost an eye when her husband beat her about the head with the high heel of her shoe. A woman whose husband pounded her head into the faucet handles in the bathtub had an aneurysm requiring five hours of brain surgery, this resulted in years of physical therapy and some permanent handicaps. A woman in her eighth month of pregnancy was stabbed in the abdomen; miraculously, she and the baby both lived. A few of the women have been left for dead and two were killed by their husbands; one of them was on her way into our shelter with her two pre-schoolers and the other one had already left our shelter with her son. Both women were shot and one of the husbands is now in prison, while the other one killed himself also. We had an abusive husband with a loaded gun disarmed in our lobby, he had come to kill his wife. There are other types of abuse that leave less gruesome physical marks, but are debilitating just the same, such as: being locked in a closet all day, being starved, seeing your children abused, etc. One husband who abused his wife also used to shake their six-week old baby until her head bounced around like a ball; her three-year old brother had an ulcer! Five girls, ages three to eleven, who came to our shelter with their abused mother had all been sexually abused by the father.

Many people would rather not think about these ghastly realities but we must think and we must do what we can to stop family violence! The September 5, 1983 *Time* magazine article, "Wife Beating: The Silent Crime" tells us: "Nearly 6 million wives will be abused by their husbands in any one year. Some 2,000 to 4,000 women are beaten to death annually. The nation's police spend one-third of their time responding to domestic violence calls. Battery is the single major cause of injury to women, more significant than auto accidents, rapes and muggings." The article goes on to state that what is new is the fact that wife beating is no longer widely accepted as private and inevitable. While this change in attitude is not yet universal, it is rapidly growing and if we are not to raise yet another generation of spouse abusers, we need to see to it that children do not grow up in homes where they experience violence or learn from violent role models. Spouse and child abuse often occur in the same families and sexual child abuse is also far more prevalent in these homes. All children are traumatized by living in a violent home. We have seen children with normal intelligence who act as if they were retarded, have learning difficulties in school, have eating and sleeping problems, exhibit speech difficulties, are overactive, act out, are withdrawn or depressed, etc. We have seen some two-year olds who have displayed signs of "situational" autism adopting those behaviors as a result of the pain, fear and chaos that have filled their young lives, and a number of our children have had ulcers and other high stress diseases as well as the "failure to thrive syndrome" which if untreated can lead to retardation.

Studies have proven that children who witness or experience abuse are far more likely to become abusive adults. Four out of five people in prison tell us they were abused as children. Violence breeds violence! Dr. Donald F. Kline of the Utah Association of Counsel for Children prepared an excellent paper for our State Legislature in July 1982 in which he listed some of the high financial costs to society that are the result of abuse and neglect. To quote Dr. Kline: "Abused and neglected children are ten times more likely to be placed in special education classes and institutions than non-abused children and that cost can be as much as 3 to 4 times greater than the cost of education in the regular classroom. . . if a child is severely multiple handicapped and institutionalized as a result of abuse, the cost is about $22,900 per year or $1,034,775 if a 45 year life span is assumed. . . ." The cost of not addressing family violence is exorbitant!

Why women remain in abusive relationships, is a frequently asked question. The most common reasons are: (1) lack of confidence and self esteem; (2) economic reasons and fear of the unknown; (3) minimal or no job skills; (4) staying "for the children's sake" and not realizing how harmful it is for children to live in a violent home; (5) emotional attachment to the husband; (6) hope that the violence will stop and "things will get better." Most of the women we see in our shelter have been brought up to assume the traditional role of wife and mother and have doubts about their ability to make it on their own. A little over 50% of the women who enter our shelter for the first time go back home again. Some are able to convince their husbands to enter counseling and the family is reunited and becomes violence free. Others find that the violence resumes despite his promises and they are more likely to opt for a separation the second or third time they have entered a shelter. Utah law allows a total of 30 days of shelter for each abuse victim per year. Those women who do not opt to go home must be helped to find a job, housing, and learn how to become self-sufficient. Suggesting that the husband be removed from the home can be helpful in a few cases, but the majority of women need access to shelters where they can receive support, have time to evaluate their options, and feel safe. Shelters also provide some child care so that women can go to community agencies for legal and other services, find employment and child care, etc. Most of all, shelters are needed because they provide a place of refuge and safety. Otherwise, the only way to guarantee that the husband will not hurt her is to have him in jail and that does not last long and is very expensive.

In 1978 our State Legislature established the Utah Domestic Violence Council which I have chaired for the past two years. It is an advisory body to the Utah Family Services Board and consists of professionals with expertise in domestic violence matters from law enforcement, social service and other agencies. We meet monthly and have sponsored conferences and workshops, printed a brochure on statewide spouse abuse services, reviewed standards for shelters, supported funding requests, and helped prepare and lobbied for the Spouse Abuse Act (1979) and the Spouse Abuse Amendments and Spouse Abuse Procedures Act (1983).

We are indeed fortunate in Utah that families and children are a high priority and that various services have been established, but more desperately needed, especially in the more rural areas of our state, on military bases, and Indian Reservations. I therefore beseech you and your colleagues in Congress to lobby for H.B. 1904, the Family Violence Prevention Services Bill which would authorize approximately 15 million dollars for fiscal year 1984, 20 million for fiscal year 1985, and 30 million for fiscal year 1986. These funds are badly needed and so is a national coordinating effort. The funds authorized by H.B. 1904 would be only a small fraction of the billions of dollars we will spend on mental health services, institutional care, prisons and other services for the victims of family violence who are also likely to become the next generation of abusers. To sum up: we pride ourselves on being a country that cherishes and protects individual human freedom—that must include freedom from violence for all of our citizens!

Chairman MILLER. Thank you, Ms. Tatham. I also want to say that we will include a statement by Dr. Palmer to be inserted prior to the beginning of this testimony. He was nice enough to submit it, recognizing our time problem.

[Prepared statement of William M. Palmer, M.D., F.A.A.P. follows:]

PREPARED STATEMENT OF WILLIAM M. PALMER, M.D., F.A.A.P.

I appreciate the opportunity to submit this material for your consideration. Congressman Marriott has asked that I provide information concerning the activities of our Child Abuse and Neglect Team in the State of Utah. I have also been requested to tell you how our child protection team effort has involved community support resources and how we have been able to find nonfederal funding for our programs. I will also make a few comments concerning the proposed legislation to reauthorize the funding for the child abuse prevention and treatment programs for 1983–84.

I would like to tell you how our team began so that you might have an understanding of how we function. We, as well as other child protection interests in the State of Utah, are an outgrowth of the 1974 Governor's Task Force on Child Abuse and Neglect which culminated in the Governor's Committee on Child Abuse and Neglect. The Committee was composed of a broad representation from groups concerned with the welfare of children and families in Utah. The Committee included representation from various school districts, colleges of education and special education from universities and colleges in Utah (Nursing, Psychology, and Social Work and College of Medicine). The Committee also included representation from mental health districts, hospitals, consumer affairs offices, police agencies, juvenile courts and detention centers, the Junior League of Salt Lake and Ogden, L.D.S. (Mormon) Church's Social Services, Catholic Charities, Hill Air Force Base, the Children's Center (special treatment programs for preschool children who have significant emotional illness), and a broad representation from the State division of Family Services. In other words, our team began with broad based community representation and with a state wide dialogue. The communication which was established in 1974–75, has been the basis for continued acceptance by the community of our Child Protection Team. As I will explain later, it may also partially explain the "high incidence" of reported child abuse and neglect in Utah as noted in the National Center for Child Abuse and Neglect's yearly state statistical analysis.

The Utah statistics concerning child abuse and neglect show that in 1982, 6,350 cases of suspected child abuse and neglect were reported to the Division of Family Services or, as an alternative, an appropriate law enforcement agency. Of the 6,350 reports, 2,379 were substantiated as being valid instances of child abuse or neglect. In looking at those statistics, it is interesting to note that 6.3% of the referrals originated from the medical system, including 2.1% from physicians, 3% from hospitals, 0.6% from medical clinics, and 0.6% from nurses. Schools originated 9% of the referrals. The highest percentages of referrals came from neighbors—22%, relatives—17%, law enforcement agencies and courts—13.3%, and friends—9.7%. These figures do not add up to 100, but I have only cited some of those which might be of possible interest to the Committee. In my own experience, I have seen 183 children at Primary Children's Medical Center over the past 15 months who have been, allegedly, sexually abused. In addition, during 1982, another 108 children who were physically abused or neglected were seen, and another 52 children were evaluated for possible aggravated sexual abuse (rape). Similarly, the University Medical Center component of our Child Protection Team evaluated roughly the same number of patients for less severe physical abuse and for neglect. Between the two hospital based teams, we saw approximately 500 children for medical evaluation. In 1981, there were thirteen deaths related to child abuse and neglect, and in 1982, there were eleven deaths. Approximately 75% of the deaths from child abuse occurred in children who were living in a "family" setting which included a live-in boyfriend of the mother. Four children who died where also sexually abused. Because Primary Children's Medical Center is a regional pediatric trauma center which receives many head injuries and since head injury is the leading cause of death secondary to abuse (by far), I saw many of those children who died incident to their abuse at Primary Children's.

As mentioned, our Child Protection Team is an outgrowth of the 1974-75 Governor's Task Force on Child Abuse and Neglect and the then existing Child Protection Team at the University of Utah Medical Center. The director or coordinator of our Team is Mrs. Pat Rothermich, who is a full time employee of the State of Utah's Division of Family Services. There are two arms of our Team; one is based at the University Medical Center and the other is at Primary Children's Medical Center. The University Team includes a pediatrician, Dr. Thomas Metcalf who is also the overall Medical Director of the Child Protection Team; a child psychiatrist, Dr. Claudia Berenson, and an M.S.W. social worker, Nancy Lang. The arm of our team at Primary Children's includes a pediatrician (myself), Dr. Thomas Halverson, a psychiatrist, and Thom Harrison, C.C.S.W., who has expertise in sexual abuse. In addition, there are participants from the Salt Lake County Prosecutor's Offices, the Salt Lake County Juvenile Court, the Circuit and District Courts, members of the Salt Lake County Sheriff's Department and the Salt Lake City Police Department. Various other community social workers, law enforcement professionals and judicial and legal professionals regularly participate with us.

The responsibilities given to our Child Protection Team are as a result of the Governor's Task Force and are generally as follows:

1. Since our team processed over 500 children in 1982 who were alleged to have been abused, we are a working team whose responsibilities include diagnosis, treatment and prevention of child abuse and neglect as well as to provide consultation with other professionals.

2. We were established as a demonstration team; and therefore, we have traveled throughout the State of Utah as a team to teach and provide organizational help to others as they establish child abuse and neglect programs utilizing professionals and volunteers in their area. In this past year thus far, we have traveled to Price, Vernal, Cedar City and will soon be going to Moab for workshops on child abuse and neglect activities.

3. Many individuals on the team have talked extensively to various professional and lay groups throughout Utah, Idaho, Wyoming and into the Four Corner's area of Utah, Arizona, New Mexico and Colorado. We have presented to medical staffs, State PTA conventions as well as local PTA programs, paramedics, emergency medical technicians, the Junior League, the Literary Club, the League of Women Voters, the Catholic Women's Organization, various LDS Church groups as well as to other church denomination groups, and have had the opportunity to speak for many high school classes in child psychology and child development. We participate at the graduate level for the Schools of Psychology and Social Work surrounding child abuse and neglect. We also provide bi-yearly sessions for the Utah State Police Academy on issues of child abuse and neglect.

4. It is important to note that all of the members of our team (including the county prosecutors, the social workers, psychiatrists, and pediatricians) have regular dialogue with medical students, family practice and pediatric residents from the College of Medicine, and with the nursing and the social work students from Utah State University, the University of Utah, Weber State University and the Brigham Young University. In the case of the pediatricians, the psychiatrists and the social workers of the team, we have daily dialogue with family practice and pediatric residents and the medical students. This is important to note because approximately 70 percent of the pediatricians who leave the University of Utah School of Medicine/Primary Children's Medical Center Pediatric Residency Program enter private practice in the Intermountain area. Similarly, about 80 percent of the family practice residents enter private practice in the Intermountain area. This allows us continued dialogue with the physicians in practice and also gives them access to the team and makes it easier for us to provide consultation and case management information.

5. We have been charged to help other areas in the State establish child protection teams; and there are now ongoing teams in Ogden, Provo, and others beginning in the Salt Lake Valley. In terms of community and State wide acceptance, it is important to note that all of the members of our team have remained the same as

when we were established in 1975. It is also important to note that with the exception of our State Division of Family Services coordinator, all of us have other full time responsibilities at our various medical centers.

UTAH STATISTICS

The State of Utah has the sixth highest incidence of child abuse per 1000 children of any of the States—Why?

1. Our team coordinator, as noted prevously, is a full time employee of the State of Utah and is, hereself, a child protection worker. This gives us considerable credibility within the system as far as the field workers in child protective services are concerned; allows continued dialogue and communication; and allows acceptance of our team by other professionals and similarly allows the team to gain entrance into the system throughout the State. In other words, there is ongoing bi-directional communication and interaction which fosters activity and child protection reporting.

2. There is no pseudo-territorialism or false delusions of grandeur. We are all hard working individuals committed to the welfare of children and are on a first name basis. This lack of formality provides our team with acceptance by other child protection workers and increases the likelihood of referral both within and without the system.

3. Finally, all of us are committed child and family advocates. We have worked together for a long time and still enjoy each other's respect and have come to appreciate the particular strength that each of us possess as well as the different but equally necessary contribution each of us makes. We also have full knowledge and understanding of the system within our State, both it's strengths, and it's weaknesses.

4. By virtue of our team's interaction with law enforcement and the judicial component of our state child protection network, we have developed credibility as expert witnesses in the court; and therefore, we spend a considerable amount of time in court testifying for and on behalf of children.

5. All of the above, combined with a broad child protection law, the State's demographic and geographic population characteristics, and an inherently high value placed upon children in the State of Utah, create a greater likelihood that suspected child abuse and neglect will be reported to a responsive system. However, it is really immaterial whether Utah has the highest or the lowest reported incidence of child abuse and neglect, we have more than enough child abuse and neglect in our State to keep all who are child advocates more than overly busy.

The participation by community support agencies and organizations in the child protection effort was assured by their involvement in the initial task force approach which was taken by the Governor's Committee on Child Abuse and Neglect as they tackled the problem of child abuse and neglect in the State of Utah. There were many groups who worked with the Child Abuse and Neglect Team in creating the child protection network in the State of Utah. The original community agencies have been instrumental in creating new programs in addition to their original (and continued) support and resource provision for the Governor's Task Force activity. For example, lay therapy groups who have been created through the Division of Family Services. The YWCA has initiated a Women in Jeopardy Program (dealing with spouse abuse and not infrequently associated, child abuse), and their Teen Mom Program. The Family Support Centers are heavily used by our team as a referral source in the community. They offer parents, or others who recognize that potential abuse could occur within a family, the opportunity to leave the children at risk at one of the centers; or in fact, the potential abuser may also stay there for up to 72 hours, without any charge. While at the centers, there are volunteer therapists and child care workers who provide safety and crisis counseling or longer term therapy, if necessary. The Children's Centers (privately funded programs for severely disturbed children) are support centers which have been instrumental in providing parenting programs for potentially abusive or actually abusive parents. The parenting courses may be voluntarily taken or may be court ordered. Parenting courses, are also provided through the Division of Family Services and Primary Children's Medical Center. We have recently participated in the creation of a brochure describing in an annotated way, the community resources available to parents, schools, professionals, and other groups who are interested in the prevention of childhood sexual abuse. Included in the brochure is a description of the problem of sexual abuse, it's magnitude, and a listing of some of the resources that are availble through volunteer support and private funding. Included are the following:

1. An Art Therapy Program for sexually abused children which is sponsored by the YWCA in association with their Women in Jeopardy Program.

2. "Child Abuse"—a slide presentation of the history, causes, and possible prevention of child abuse and neglect in the State of Utah sponsored by the Women's Auxiliary of the Utah State Medical Association. This slide presentation is aimed at primary school age children and is hoped to be a preventative tool.

3. The Children's Centers—whose resources have already been mentioned.

4. The Children's Service of Utah—with particular emphasis on helping in the placement of "special children" for adoption and also counseling pregnant adolescent girls regarding the decisions of either keeping their child or placing the child for adoption and with counseling concerning the implications of each decision.

5. The Community Crisis Center—a private non-profit United Way supported agency whose scope includes drug and alcohol abuse, school based drug and alcohol prevention programs, and also is the house or the residence, if you will, for the Parents United Program, a self help program for sexually abusive perpetrators, their families, and the victims within the families.

6. Family Support Centers as already described in Salt Lake City and Ogden originated by the Junior League and now partially State supported. There are now three centers—used heavily.

7. The Guardian Ad Litem program of Salt Lake, Ogden, and in the process of being established in Price, Vernal, Logan, and throughout other DFS districts in the State. The Child Protection Team has presented workshops for these volunteers who function as the child's advocate during the court process.

8. The Legal Aid Society of Salt Lake City which provides legal services, free of charge, to youths, their parents, and their families.

9. Mother's Against Drugs (MAD) is affiliated with the Odyssey House. Their program is aimed at lessening drug and alcohol abuse in the home and helping parents provide sex education for their children in their home.

10. "Parent, Let's Talk" is a program sponsored by the Utah State Medical Association Women's Auxiliary and the March of Dimes. It is focused on helping parents provide sex education for their children in their home.

11. Finally, the pamphlet also describes the Parents United and Daughters and Sons United which are self help and referral programs for incest victims.

Many other programs and organizations active in child protection efforts (as well as those just listed) are concentrated in an area from Logan in the north to Provo in the south (including Salt Lake County) or along the Wasatch Front. Eighty percent of the State's population is also concentrated in this area. One of the major challenges in our State's child protection effort is to extend the many resources available to parents, professionals, and children along the Wasatch Front into the lesser populated areas in the remainder of the State.

There has been some success in the area of non-federal funding through the creation of volunteerism (or in better organizing the already present inherent volunteerism in the State). This may already be evident to you from the partial descriptions already mentioned of programs available. It is worth noting that in 1982, Utah received $85,000.00 from the National Center for Child Abuse and Neglect. The Division of Family Services in the State has wisely invested these funds for the year ahead as well as awarding in the past, some forty various sized contracts—including our own current ongoing child abuse and neglect team. Many of the current privately funded and nonvolunteer programs were originally seeded through the use of these NCCAN funds. The success of the program has stimulated the Utah State Legislature to provide an additional 3-4 million dollars yearly to support child protection and child and family well being programs in the State. On our own team, there is a heavy degree of volunteerism. Our Child Protection Team had a contract with the State of Utah for $33,000.00 a year (which fortunately has been financially upgraded for fiscal 1983-84). Under the contract, we are still to provide diagnostic, treatment, consultation, and training services for the many programs mentioned concerned with child protection. As you might expect, it is necessary, in order to do what I have described for you as the activities of our team, to have a considerable amount of volunteer activity from each of our team members singularly and collectively in order to "live within our budget".

As I hope the previous comments and information have implied, my remarks are based on a strong and long lasting commitment by myself and others who are part of the child protection network in the State of Utah. As I conclude these remarks, I would like to express some concerns regarding the proposed pending funding reauthorization legislation in the House and in the Senate. My concerns are generated by my past and current experience and by the recognition—at least in Utah—that child protection funding from all sources is inadequate. Because of my own, our team's, and others involved heavy commitment to child protection, I have seen 180 allegedly sexually abused children in the past 15 months. In addition, as the pediatrician for the Primary Children's arm of the team, I supervise our Acute Sexual Abuse Program through the Emergency Room, (55 additional sexually abused children in 1982) and am involved in the inpatient assessment of physical abuse and neglect (108 children). In addition, I have those responsibilities which are part of my non-child abuse patient care and teaching activities. I cite my activities only because they are representative of the commitment made by other professionals involved with child protection activities. We work very hard and already find ourselves in short funding situations; which, since most of us are child and family advocates, requires that we work even harder. Our own team "scrounges" from any funding which might be available in order to continue with our efforts. Were the current child abuse and neglect efforts diluted by considering the "Baby Doe" issue as part of the child abuse and neglect enabling legislation, it would create a very difficult situation. There are still many, many children who need child protection services with the limited funds available.

Imagine, if you will, the number of new born intensive care nurseries that exist throughout the United States. We have five level three nurseries plus eight level two nurseries in the State of Utah alone. Similarly, imagine the number of infants who would be born with characteristics that might fit the "Baby Doe" descriptions in the current legislation—that is, "severely ill and congenitally involved infants". Also, consider the magnitude of the task involved for non-professionals who would be screening death certificates, which could be the only way to accurately assess the problem (short of stationing a clinician in every delivery room who would have skills adequate to recognize the true "Baby Does"). These trained non-professionals would then need to develop a review process to look into all the suspicious certificates of those many infants who by death certificate criteria could fit the "Baby Doe" characteristics; but, who in reality, might not be "Baby Doe" problems. It would require substantially more personnel, financial aid, and would involve non-professionals interacting in situations which are highly technical in terms of the medical problems themselves and the indicated treatment described to even come close to making some kind of an assessment as to the number of these children who might be "abused or neglected".

In order to prevent the "problem", some other mechanism such as reviewing all admission diagnoses at the time of admission to the NBICU's would have to be created. It would be stressful for the professionals in the newborn intensive care systems by creating the allusions that they were collectively capable of child abuse and neglect and singled out for such close supervisions. From my "selfish perspective" there would be created a dilutional effect on the already over-burdened child protection program (the average case load of the child protection worker in the State of Utah varies between 20 and 50 families, and I have already mentioned some of the Child Protection Team's work load). Finally, the courts, (juvenile, circuit, and district) would become even more constipated than they seem to be currently.

As you might suspect, I would be strongly opposed to the enactment of such legislation unless extensive funding and training provisions were also available through such legislation. As a child protection advocate, I recognize the rights of "Baby Doe" children. However, systems which are already in place and functioning through hospital administrative and medical staff committees concerned with both medical, biomedical ethical issues should be stimulated or created or augmented to include non-hospital members to use the existing criteria for child abuse and neglect advocacy in dealing with the "Baby Doe" issue. I would hate to see the already insufficient funds for child protection become still further diluted in the bills proposed reauthorization language by inserting the "Baby Doe" issue into the defined functions of the NCCAN and thereby into the local efforts for child protection.

I very much appreciate this opportunity to share with you the activities of our Child Protection Team in the State of Utah and to make you aware of the tremendous amount of volunteerism and the successful community interaction which is present in the child protection arena in our state. I hope these remarks may be of some interest to you and be of help to you as you consider the reappropriation legislation for the child abuse funding as well as some of the other issues affecting children, youth and families in this region and throughout our Nation.

Chairman **Miller**. Mr. Joseph Terry Williams, who is the director of the Wyoming WIC program, Department of Health and Social Services, out of Cheyenne.

Welcome to the committee.

STATEMENT OF JOSEPH TERRY WILLIAMS, DIRECTOR, WYOMING WIC PROGRAM, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, CHEYENNE, WYO.

Mr. **Williams**. At the request of Mr. Miller, I will not read my testimony but rather just read selected excerpts.

Chairman **Miller**. Thank you. You get a special reward for that.

Mr. **Williams**. As a public servant of the people of Wyoming, I thank you for the opportunity to meet with you today.

I would like to share information on three areas of concern: how does WIC impact on health services to mothers and children; two, how does the unemployment in Wyoming impact upon people and its programs; and third, what do our preliminary evaluations of the WIC program have to say?

The WIC program in Wyoming was established by the legislature in 1980 and it has grown rapidly. In 1983, in September, we were serving 6,547 mothers and children through 11 local projects that use over 30 clinics scattered over Wyoming's 100,000 square miles. Several of our projects are larger than the State of Massachusetts. Since 1980, the program served over 20,000 of Wyoming's mothers and children.

Our first commitment is to operate the program as an adjunct to ongoing health care. We recognize that because of limited income, family stresses and a lack of knowledge, many of the applicants to WIC cannot afford health care, yet these families, particularly our newly unemployed, have great need for prenatal care and child health services.

To facilitate access to health care, Wyoming WIC projects are housed in the county public health agencies. Therefore, as applicants come to the WIC nurses and nutritionists at these health agencies, we have the opportunity to mainstream the participants into the existing preventative public health care services and into private prenatal and pediatric care where it is available.

For example, in September of 1983 our WIC staff made 982 referrals for health and social services. We made 326 referrals to childhood immunization, 199 to family planning, 134 to well-child clinics, 96 to prenatal classes, 43 to private physicians, 42 to the public health nurses to make home visits, and 68 for food stamps, AFDC or for the social worker to go and visit the specific family.

My second concern is unemployment. Wyoming, the Equality State, has always prided itself for being able to look after its own. We are experiencing, however, significantly increasing needs because of unemployment and we have fewer resources to meet these needs.

I believe WIC is one cost-effective way of taking a preventative health approach to meet the needs of children and families.

The national WIC office, using the 1980 census data on which our program is based, projects Wyoming's WIC need to be 13,000. However, in 1980, the unemployment rate in the State was 3.5 percent or a total of 8,000 unemployed. In May of 1983, it was 10.1 percent or 26,800 unemployed.

As a result of this tremendous doubling or tripling in some areas of unemployment, I estimate that we have a need for the WIC program not of the 13,000, but 25,000–30,000 mothers and children.

Program evaluation is my third concern. The measure we have chosen to try and impact upon is low-birth-weight infants. A review of the WIC data of 1982 indicates that among 935 infants and children participating in the program, but whose mothers were not on the WIC program when pregnant, the incidence of low birth weight is 15.6 or more than twice as high as the State average.

The U.S. average for the period of 1980–81 is 6.8 percent. However, the incidence of low birth weight among 431 infants whose mothers had participated in the WIC program since their first trimester was only 5.8 percent. This is a notable difference expressed in quality of health and reduced health care services.

Thank you.

Chairman MILLER. Thank you very much.

[Prepared statement of Joseph T. Williams follows:]

PREPARED STATEMENT OF JOSEPH T. WILLIAMS, R.D., M.P.H., WYOMING WIC PROGRAM DIRECTOR, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, CHEYENNE, WYO.

I am Joseph Terry Williams of Cheyenne, Wyoming. I direct the Wyoming Women, Infants, and Children Supplemental Foods Program. As a public servant to the people of Wyoming, I thank you for the opportunity to meet with you today.

I would like to share information on three areas of concern: 1) How does WIC impact on health services to mothers and children? 2) How has unemployment impacted on Wyoming's people and its programs? 3) What do our preliminary evaluations of the WIC Program have to say?

Wyoming was the last state in the country to implement the WIC Program. Most states, including our western neighbors, started the program in the mid-70's. It was not until the Spring of 1980 that the Wyoming Legislature approved the WIC Program. Later that summer, on August 18, using the donated "nurses coffee room," we had our first clinic in Cheyenne.

The program has grown rapidly. In September of 1983 we were serving 6,547 mothers and children through eleven local projects that use over 30 clinics scattered over Wyoming's 100,000 square miles. Several of our projects are larger than the State of Massachusetts. Since 1980, the program has served over 20,000 Wyoming mothers and children.

There is nothing exceptional about Wyoming WIC. However, I do believe the way the program has been implemented and our commitment to the goals of WIC allow us to provide an exceptionally high quality service.

Our first commitment is to operate the program as an adjunct to ongoing health care. We recognize that because of limited income, family stresses, and a lack of knowledge, many of the applicants to WIC cannot afford health care. Yet these families, particularly our newly unemployed, have great needs for prenatal care and child health services.

To facilitate access to health care, Wyoming's WIC projects are housed in the county public health agencies. Therefore, as applicants come to the WIC nurses and nutritionists at these health agencies, we have the opportunity to mainstream the participants into the existing preventative, public health care service and into private prenatal and pediatric care where it is available.

For example, in September 1983, our WIC staff made 982 referrals for health and social services. We made 326 referrals for childhood immunization services, 199 for family planning, 134 to well-child clinics, 96 to prenatal classes, 43 to private physicians, 42 to public health nurses for home health care, and 68 to Food Stamps, AFDC, or for a social worker to visit the family.

My second concern is unemployment. Wyoming, the Equality State, has always prided itself on being able to look after its own. We are experiencing, however, significantly increasing needs because of unemployment, and we have fewer resources to meet these needs. I believe WIC to be one cost-effective way of taking a preventive health approach to meet the needs of children and families.

The National WIC Office, using 1980 census data, projects a Wyoming WIC need of 13,000. In 1980 the unemployment in the state was 3.5%, or 8,000. In May of 1983 it was 10.1%, or 26,800. While unemployment has dropped this past summer, the projection is that we will have unemployment around 11% for the next two winters. This doubling or tripling of unemployment, in a state that traditionally has had a job for everyone who could work, has caused severe hardships on our extremely young population and those services, including WIC, that are committed to serving them. We have many more people in need than we are able to serve.

I estimate, because of unemployment, Wyoming's need estimate is 25,000 to 30,000 mothers and children, rather than the 13,000 identified by the National Office using 1980 census data. The Jobs Bill of this past summer has helped us serve an additional 1,000 participants each month. While it is encouraging to see many areas of the country coming out of the recession, some of Wyoming's oil, uranium, and coal areas still haven't bottomed out, and other areas of our economy are still very fragile. I hope that, through your assistance, the National WIC Office will be more considerate of the current economic and needs assessment in Wyoming, and not base program support on 1980 census data and unemployment rates.

Program evaluation is my third concern. By placing WIC services in the public health agencies, we are also trying to encourage our pregnant mothers to participate in the program as early as possible. In September, 32% of our mothers were enrolled in the first trimester and 49% in the second trimester. Early participation allows us to assess the nutrition and health needs of our pregnant moms, make more referrals for additional health care, provide regular nutrition education, and provide a nutrition supplement to enhance their diet. Hopefully, these efforts will improve the chances for delivering a healthy child. We try to help mothers make informed choices in reducing consumption of alcohol, smoking, and the use of self medications. To date, the statistical outcome, using this team approach of enhancement of the diet, education, and increased health care, is very encouraging.

The measure we have chosen to try an impact upon is low birth weight in infants, for the following reasons. Low birth weight infants are 30 times more likely to die during the prenatal period compared to normal weight infants. The smaller at birth, the greater the chance for neurological or mental dysfunctions. These infants also have a higher frequency of hospitalization later in life than normal weight infants.

Wyoming has one of the highest birth rates in the nation. Although the birth rate decreased slightly between 1980 and 1981, the total number of infants born has increased. Age specific birth rates also exceed that of the U.S. average. The rate for women age 20–24 is 52.6 percent higher than that of the nation.

The number of births to unmarried mothers has also increased. This is significant because these women are often considered to be at higher risk in delivering low birth weight infants.

A review of WIC data of the year indicates that among 935 infants and children participating in the program, but whose mothers *were not* on the program when pregnant, the incidence of low birth weight was 15.6%—more than twice as high as the 7.2% for Wyoming for 1980–81. The U.S. average is 6.8% for 1980–81. However, the incidence of low birth weight among 431 infants whose mothers *had* participated in WIC since the first trimester was only 5.8%. This is a notable difference expressed in quality of health and reduced health care costs.

Fifteen years ago I finished graduate school and started my public service career as a nutritionist with the migrant health care program in Florida. At that time, the U.S. Senate, with the leadership of people like Hubert Humphrey, was conducting hearings on hunger and malnutrition in the United States. As a result of the Federal conern, there was a great expansion of nutrition intervention programs in the 70's—Food Stamps, school lunch, day care, and WIC.

It has been my personal experience as I work in clinics doing staff relief that the people of Wyoming would prefer to look after themselves and not have to use these programs, including WIC. Many times I have received a phone call or note from a grateful participant saying, I've gotten a job and thank you for the help, but we don't need it anymore. Give my place in the program to someone else who needs it.

Unfortunately, many people can't find work and they need the temporary help of their government through these programs. It has been suggested that these nutrition programs, in the long run, may play as important a role in the health and quality of life of the Nation's children as all of the acts of the Federal government in helping us get out of the Great Depression.

The WIC Program does not pay the thousands of dollars a day that it cost to provide the finest medical care possible to a high risk neonate. Instead, we do the simple things we've known all along that make a difference. We educate mothers to make informed choices, we provide them nutritious supplements to enhance their diet during this critical time of growth and development, and we encourage them to get good prenatal care.

On behalf of Wyoming's mothers and children, as their public servant, I would like to thank you for your support for the WIC Program. I personally hope someday we won't need the WIC Program, but in the meantime, I hope you continue to support this important component of preventative health.

Chairman MILLER. Mr. Maldonado, you are the executive director of the Institute of Human Resource Development of Salt Lake City?

STATEMENT OF DAN MALDONADO, EXECUTIVE DIRECTOR, INSTITUTE OF HUMAN RESOURCE DEVELOPMENT, SALT LAKE CITY, UTAH, ACCOMPANIED BY DAVID BERRIEL

Mr. MALDONADO. Yes, sir, that is a nonprofit group that provides clinical services in the Hispanic community.

I will try to be real brief. I would just like to cite a few things.

As is well known, the Hispanic population is growing very fast. Our birth rate in 1980 was 23 live births per thousand compared to 14 for white, non-Hispanic populations. Twenty-three percent of those births were to unmarried mothers, which is much higher than the white, non-Hispanic population, and the troubling thing about that is 37 percent of the Mexican women having children have less than 9 years of education and only 49 percent have completed high school.

While I would not suggest that single parents can't raise children, it would seem that a substantial portion of that population, in terms of the children, are not facing situations that are optimal to their growth, socially, psychologically, and later, educationally.

I firmly believe that programs such as WIC, well-baby clinics, and Head Start are crucial in providing support and skill building for this population. Those figures I cited were from monthly vital statistics. Utah, by the way, was one of the reporting States in that study.

In education, as I mentioned, our attainment lags far behind the general population. The drop out rate for Hispanic students is extremely high and the failure rate in science and math courses for nondropouts is also extraordinary.

I would like to take a moment, though, and comment on where I believe intervention should be targeted. I believe that by intermediate or high school level it is too late. Rather, you would be wiser to concentrate on elementary children.

In the book "A Decade of Change: Mexican Americans in the Schools," the authors substantiate the opinion that Mexican American students are psychologically out of school often by the fifth grade. It is their opinion that, by that time, the course is set for the eventual dropout. I believe this thinking is correct and is evidenced by economic conditions surrounding the Hispanic student.

Often the family is living right on the edge of disaster and any given financial problem puts them over the edge. If you look at the mobility between schools at Salt Lake City, for example, particularly the title I schools, you will see a population that is constantly on the move. This is more than just the Mexican students. This is the generally poor population.

These kids are moving so often that their families are basically just "disappearing" in the world of poverty and they are on such a circuit that they fall further and further behind in school.

If you look at this by the fifth grade, you are already seeing great lags in achievement test results.

In addition to that, the child's natural support, the parent or parents, are not likely to have the educational experiences that result in payoffs, and therefore the issues mentioned in earlier testimony about the generational passing of problems again hold true in the education area.

The thesis then that these children are psychologically out by the fifth grade bears great relevance to the incidence ratio of the actual failure that occurs later. It is my belief that if either the families were somehow stabilized or the children were educationally and socially stabilized in the elementary school ages, we would not only see a reduction in the educational failure rate but a lower incidence rate in other end line forms of pathology, that is, incarceration, imprisonment, substance abuse and addiction, et cetera.

Again, these kids tend to show up in the juvenile justice system. Twenty percent of the entire juvenile court population in Utah is comprised of Hispanic youth, and we only comprise 5 percent of the entire population. By the time you get further into the system to secure facilities, we are approaching 30 percent.

I would like to call the committee's attention though, to the efforts of youth corrections in Utah. I believe that they have embarked on a very enlightened course in the treatment of Hispanic youth.

The system has moved in a direction of working hard with and in concert with the Hispanic community to reduce the proportion of Hispanic offenders. Youth corrections have not only actively sought input from the Hispanic community and acted upon this advice, but also have hired Hispanic professionals internally at a rate much higher than even equal opportunity demands.

Currently we comprise 9 percent of the youth corrections' staff population. This more closely correlates with the population being served. And we are also now seeing soft evidence of a reduction in the rate of Hispanic offenders.

I believe this particular State agency is on the right track and I would think it a good idea for you to monitor this particular State agency because it may have some important things to say in the long haul about the treatment of minority youths.

Finally, it naturally follows that a largely under-educated or uneducated population results in clustering around the low end of the socioeconomic strata. This is the case in Utah where the percentage distribution in categories such as unemployment, AFDC are high.

Furthermore, as we become more technologically oriented, the ability to compete for existing employment will become even more difficult.

There has been speculation recently among sociologists about a permanent underclass. I believe this looms as a distinct possibility unless there is intervention.

As I stated earlier, I believe the answer is in the earlier education instruction programs. Programs targeted at adults have not to date had the desired effect and people seem to be giving up.

A case in point are Utah's migrant seasonal farm workers who have an extraordinary high number and type of disabling health conditions. And although we interview them and try to get them into retraining projects, three out of four would just as soon eke out an existence because it does constitute an existance and because things (i.e. training programs) have not worked for them in the past. I should mention that, although that is the extreme end of the scale that affects probably about 14,000 people.

In summary, I think the sign of a healthy Hispanic community will be a population properly distributed in a normal curved fashion in all economic areas. It would seem that one barometer of this would be the emergence of an Hispanic middle class, economically if not socially. I would suggest that programs be monitored and reductions in unemployment statistics are not proper indices.

Finally, I realize I have offered more problems and no solutions. I felt obligated to call these to your attention. Ultimately, the general health and well-being of the Hispanic community will affect the health and well-being of this country.

I would also, if I may, introduce Mr. David Berriel. One of your staffers thought it would be useful to hear from this young man.

One of the projects we have run is a residential treatment facility for seriously delinquent youth. David is a successful graduate of that program.

The thing that you may find interesting in regards to David is that while history and background are very typical of the types of kids we work with, the dramatic change in him becoming a productive member of society is quite different.

With that, I would like to turn the mike over to David.

[Prepared statement of Dan Maldonado follows:]

PREPARED STATEMENT OF DAN MALDONADO, DIRECTOR OF A PRIVATE NON-PROFIT AGENCY

My name is Dan Maldonado. I am the Director of a private non-profit agency whose goal is to provide services to the Hispanic community. Most of our work is clinical in nature, and therefore we see the pathological side of the community. My remarks, then, will generally address the problems in the Hispanic community as I see them.

As is very well known, the Hispanic population is growing at an explosive rate. In 1980, the Hispanic birth rate was 23.5 live births per 1000 compared to 14.2 for white non-Hispanic populations. Also to be noted is the fact that 23.6 percent of all live Hispanic births were born to unmarried mothers, compared to 9.3 percent of the white non-Hispanic population. What is troubling about this is that 37.1 percent of the Mexican mothers had completed less than 9 years of education, and only 49 percent had completed high school. I believe that the inference may be made then, that a substantial portion of the children being born under these circumstances will not face conditions that would maximize their growth potential. Programs such as WIC, well baby clinics, and Head Start are crucial in providing support and skill building for this population. The figures cited above are from the Sept. 23rd issue of *Monthly Vital Statistics Report*, (22 states reported, including Utah).

Education-As stated above, educational attainment also lags far behind the general population. The dropout rate for Hispanic students is extremely high proportionately, and the failure rate in science and math courses for non dropouts is extraordinary. However, I would like to take a moment and comment on where I believe intervention should be targeted. I believe by the High School level, or the intermediate school level it is too late. Rather, we would be wiser to concentrate on elementary aged children. In *A Decade of Change, Mexican-Americans in the Schools*, the authors substantiate the opinion that Mexican-American students are psychologically "out" of school often by the fifth grade. It is their opinion that by that time a course is set for eventual dropout. I believe this thinking is correct and is evidenced by economic conditions surrounding the Hispanic student. Often the family is living right on the edge of disaster. That is, any given financial crisis, small or large can precipitate sudden change, particularly in location. For example, the inability to pay rent or utility bills causes a family to move. This coupled with many persons in ability to budget what little they have results in continual movement. This movement under duress I have often called "disappearing in the world of poverty". The remarkable thing though is just how often it occurs. Obviously, this interferes with more than the childs education, it also effects the childs socialization process and sense of stability. But, more importantly, is the fact that these children are missing so much school that it is very difficult to keep pace. In addition, the childs natural support group, (the parents), are not likely to have had educational experiences that resulted in payoffs and therefore may not be aware of the critical importance of securing an adequate education. They are also by necessity, typically preoccupied with the issue of subsistence, which of course would push their childs education way down the list of priorities. The thesis then, that these children are psychologically pushed out by the fifth grade bears great relevance to the incidence ratios of the actual failure that occcurs later. This can further be seen by the growth in the gap of achievement test results between the third and fifth grade. It is my firm belief that if either the families were somehow stabilized, or the children were educationally and socially stabilized in the elementary school ages, we would not only see a reduction in the educational failure rate, but, a lowered incidence rate in other end line forms of pathology, i.e. incarceration in prisons, substance abuse addictions, etc.

Juvenile Justice—Again, in the juvenile justice system we are disproportionately overrepresented. Approximately twenty percent of the entire juvenile court population is comprised of Hispanic youth. Furthermore, as we move deeper into the system the percentage of Hispanics increases, until we reach secure facilities where the population approaches thirty percent. This in a state whose total Hispanic population is about five percent according to the 1980 census. Statistically, the adult system unfortunately, is similar in condition. However, there is an extremely bright note here that bears your consideration. We feel that Youth Corrections in Utah has embarked on a very enlightened course in the treatment of Hispanic youth. This system has for the past couple of years moved in a direction of working hard and in concert with the Hispanic community to reduce the proportion of Hispanic offenders. While I first must admit that I have a vested interest in this (being a contractor with Youth Corrections), their efforts have been much larger than just our relationship. Youth Corrections has, while changing their direction, actively sought input from the Hispanic community and acted upon this advice, but, have hired Hispanic professionals internally at a rate much higher than even equal opportunity demands. This is a state where Hispanic hiring lags behind every other protected group in virtually every area. Currently, Hispanics comprise 9.2 percent of the Youth Corrections personnel. This more closely correlates to the population served than any other state agency, and coupled with an atmosphere of mutual trust and problem solving has already produced soft evidence of a recent decline in number of Hispanic offenders. While it is yet premature to suggest a definitive trend it would appear that results are on the horizon. Again, I suggest the Utah situation bears watching and replication as it is our expectation that ultimately this approach will reduce both the number of Hispanic Youth offenders and because of the treatment, the number of families needing remedial services; and, while I haven't mentioned it both the political ramifications and the burden on society would be affected.

Families—It naturally follows that a largely uneducated or undereducated population results in clustering around the low end of our socioeconomic strata. This is the case in Utah, where our percentage distribution in categories such as unemployment, and Aid to Families with Dependant Children, AFDC, are high. Furthermore, as we become more technologically oriented the ability to compete for existing employment will become more difficult. Recently, there has been speculations among sociologists about an "underclass." This looms as a distinct possibility unless there is intervention. As stated, I believe the answer is in early educational remediation. Programs targeted at adults, unfortunately, have not had the desired effect. It would seem that in fact, many have simply given up the pursuit of improving their condition and have resigned themselves to living a poor existence. A dramatic case in point are Utah's migrant and seasonal farmworkers who are largely of Hispanic origin. Our work with this population has revealed a group of people who are largely unwilling to take a chance on improving their lot, even though they are often suffering from a disabling condition. Health problems in this population create such morbidity that the average life expectancy for the Mexican farmworkers according to the National Safety Council is only 38 years old. More specifically, machinery, pesticides, muscle deterioration, and animal waste combine to cause many disabling conditions. In Utah, a study of presenting problems at Utah Migrant Clinics and physicions offices revealed respiratory problems as a significant issue. However, in the face of this approximately 3 out of 4 workers that we interviewed were unwilling to consider job retraining even though they were becoming more and more debilitated with time, (a more complete list of the types of disability is available upon request). The continual decline in the availability of agricultural related work will also exacerbate this problem. While this is the extreme end of the continuum of the Hispanic condition in Utah, it is pointed out because estimates place the number of affected people at around 14,000 in Utah.

In summary, it would seem that ultimately, the sign of a healthy Hispanic community would be a population properly distributed in normal curve fashion in all economic layers. It would seem that one barometer of this would be the emergence of an Hispanic middle class, economically if not socially. I would suggest to you that as programs are implemented both at state and national levels that this be monitored. Mere reductions in unemployment statistics are not proper indices to the ultimate resolution of the problems we face.

Finally, while I have today offered many problems and few possible solutions, I felt it my obligation to offer for your consideration areas in which we must improve. The Hispanic community is now large and growing at a pace which dictates attention. Ultimately, the general health and well-being of the Hispanic family will determine the health and well-being of the country at large. Thank you for your consideration of my comments.

Chairman **MILLER**. David, welcome to the committee. Proceed in the manner most comfortable.

Mr. **BERRIEL**. My name is David Berriel and I am 18 years old. I was born in Provo, Utah, in 1965. I am the second youngest of 13 brothers and sisters. My father raised us after my parents were divorced when I was five.

I was always moving with my family between Ogden and Provo, never spending more than 6 months in one house. I also lived in Salt Lake City, California, Wyoming, and Mexico City.

I see my mother only about once a year. My father hurt his back when I was small and now lives on social security.

Of all my brothers and sisters, only my younger brother, Albert, and I have never been in reform school. However, I have been in trouble ever since I was 8, when I began running with my brothers. I got into real trouble with a burglary when I was 11 years old.

I kept getting in and out of trouble until I went to Rush Valley Boy's when I was 14. It was a good program but I wasn't ready to do better. I went back home and still got into trouble and fights at school. After being involved with a burglary in 1982, I spent a month in detention. Then I was sent to a Mexican youth program in Salt Lake City called Esperanza para Manana.

I ran away from Esperanza a couple of times but then my girlfriend got pregnant and I had to make a decision. I had to decide whether to support her, leave her, or just run away again. I also had to decide whether I wanted to be like my brothers and spend 8 to 10 years or more in prison or ask for help when I needed it and do good.

I decided to stay out of trouble, get a job, and learn a trade. While living at Esperanza I started saving to move out by working with a youth program building houses. I showed them how I could work hard and be dependable, so Neighborhood Housing Services hired me on as a regular staff member and have now promoted me to supervisor. At the same time, I was attending auto mechanic classes at the Utah Vocational/Technical School and was always at the top in my class.

I then graduated from Esperanza youth home and was able to get married and move into my own apartment. Since then, I have completed my auto mechanics training and am now certified. I have paid off all fines and restitutions. I have proven that I am a steady and dependable worker and a productive citizen. And I am now totally off the jurisdiction of the courts. But best of all, I have a beautiful family with a 5-month-old baby boy.

In 3 years I will have my contractor's license with auto mechanics to back me up when times get hard. I also plan to go to college after saving some more money.

Without these youth programs that helped me straighten out, I would have had no chance at all. But now I think I can make it and I know I will.

Chairman **MILLER**. Thank you, David, very much.

Thank you for your testimony and your very unusual perseverance and tenacity. You are to be commended.

Joshua is 5 months old now?

Mr. **BERRIEL**. Yes.

Chairman **MILLER**. Well, he is easy now at 5 months. All the hard stuff is behind you.

God bless you.

Now we will hear from Mr. Frank Matheson, who is the senior assistant attorney general for the Child Abuse Neglect Advisory Council from Salt Lake City.

You are with the attorney general's office?

STATEMENT OF FRANK B. MATHESON, SENIOR ASSISTANT ATTORNEY GENERAL, CHILD ABUSE NEGLECT ADVISORY COUNCIL, SALT LAKE CITY, UTAH

Mr. **MATHESON**. Yes, I am, Mr. Chairman.

My name is Franklyn B. Matheson, chairman of the Child Abuse Neglect Advisory Council, which is an advisory group to the Utah Board of Family Services. I am also an assistant attorney general in the Office of the Assistant Attorney General.

In deference to time, I have submitted both my oral testimony as well as the longer written statement, and I will read neither of them.

Our council, in advising the Board of Family Services, which is the official policymaking board of the Division of Family Services, of course is concerned with and has directed our attention to the problem of child abuse and neglect. I think our concern simply reflects a growing community concern, and the concern of all three branches of our State government.

I mention to you in my paper a recent case handed down by our State supreme court which for the first time has affirmed the admissibility of the battered child syndrome type of evidence where the only evidence in that case or the primary evidence has been the body of the diseased child with the contusions.

Our legislature has also directed their attention to the problem. In the last general session there were some 19 bills passed involving the juvenile justice system, included in which was house bill 209, which is reputed as one of the most severe pieces of legislation in the country in relation to mandatory sentencing for sexual abuse and kidnapping of children.

So we are certainly not unaware of the abused child as a community and certainly our council is not unaware of the problem.

We are convinced that it has reached epidemic proportions in Utah. Since 1979, there has been a 61 percent increase in the reported instances of child abuse and neglect, 29 percent increase in the confirmed reports of child abuse and neglect, even though our child-age population has increased only 11 percent.

Obviously, some of this increase is due to the improved techniques of reporting, but certainly the figures indicate an increased instance of this type of abuse and neglect.

Now, regardless of the reasons for the increase and what we think is actually an increase in the child abuse, the stark fact is that this child abuse and neglect is a very traumatic thing and a very serious concern for us.

Fifty-one percent of these confirmed abuse reports have required actual physical intervention, physical treatment of the child. In calendar year 1982, there were six children battered to death, another two children in the State of Utah died as a result of aggravated neglect. So it is not an inconsequential problem.

The financial commitment is extreme in Utah. Just 5 years ago, we appropriated or budgeted for child abuse and neglect programs, direct budgeting, about $175,000. In the current fiscal year period, it is over $600,000; that is just in direct programs for child abuse and neglect, and constitutes about 51 percent of our total children, youth and families budget.

So it is costing money. It is costing emotional scars and of course physical trauma.

I was interested in the comments about some of the cases. Our statistics indicate that in at least 41 percent of the confirmed reported cases, there is a history of family discord. In another 15 percent, there is evidence of insufficient income. In another 13 percent, there is drug and alcohol abuse within families. So there are social problems, of course, connected with this outward physical abuse and neglect.

Now, as a committee, as a council, we are aware of these things and I am sure this committee has the data and statistics. Our concern has been that we are perhaps approaching the problem in somewhat the wrong direction.

Obviously we feel we need more money for treatment and intervention programs. Our evidence is that we have inadequate staffing of our protective services groups on a 24-hour basis, insufficient people to investigate these things, but we are more concerned that perhaps our direction has been somewhat in the wrong direction and that we should be more concerned with prevention programs and intervention at an earlier stage, family skill training, that type of thing in the schools, that we can correct the causes rather than simply treating and trying to attack the symptoms that have appeared, and once they have surfaced.

Now, for this purpose, obviously, we think it is important that the State of Utah have some type of consistent funding resource which is perhaps somewhat immune to the vagaries of legislative appropriation. We endorse and have supported and recommended creation of a children's trust fund, as some 15 other States have also adopted, at this point, since 1980.

We have prepared or helped prepare, with the assistance and under the direction of a legislative interim committee, three bills that will attempt to do this in the upcoming session of this legislature, bills that would provide for restricted funds that would be used for this purpose, revenue coming from surcharges on various types of filings, income tax refund check-offs and other types of grants and programs which would fund this kind of a program, which could create a consistent source of revenue for both the prevention, directed toward the prevention primarily, as well as the treatment programs for child abuse and neglect.

Our figures indicate that both these resources, both the surcharge and the checkoff program, would raise some $500,000 to $750,000 a year for these programs in the State of Utah in addition to the appropriation resources of the legislature.

I think our concern is, and I will conclude with this, that as a council, in our observation, that our concern is that we make new commitments, take new directions. It is a very sensitive area when you talk about value training and value assistance.

We have a highly religious community, and how far the social services people should impose upon or should impinge upon religious prerogatives is a very sensitive subject, but we think there needs to be something done in the churches, the schools, the hospitals, the day-care centers, various places where these types of family skills and values training can be given. This is our hope of the direction that will be taken.

Chairman MILLER. Thank you very much.

[Prepared statement of Franklyn B. Matheson follows:]

PREPARED STATEMENT OF FRANKLYN B. MATHESON, CHAIRMAN, UTAH CHILD ABUSE AND NEGLECT ADVISORY COUNCIL, AND SENIOR ASSISTANT ATTORNEY GENERAL IN THE OFFICE OF THE UTAH ATTORNEY GENERAL

Mr. Chairman: My name is Franklyn B. Matheson. I am Chairman of the Utah Child Abuse and Neglect Advisory Council, and appear here in that official capacity. I am also the Senior Assistant Attorney General of the State of Utah.

Our Council is created by authority of law and consists of 25 citizens with expertise in the area of child abuse and neglect. The Council includes doctors, lawyers, social workers, law enforcement personnel, clergyman and a juvenile court judge. Our responsibility is to advise the Utah Board of Family Services regarding policies and programs in the interest of children, youth and families.

Recently our State Supreme Court affirmed the conviction of a mother for the manslaughter of her three year old daughter. *State of Utah* v. *Kathy Tanner*, Case No. 17752, Filed November 15, 1983. The key evidence in the case was the mute testimony of the body of the child covered with contusions literally from head to foot. The action of the Court, in which it recognized for the first time the admissibility of "battered child syndrome" testimony, is reflective of the growing concern in our community for the terrible problem of child abuse and neglect.

It appears that the problem of child abuse and neglect has reached epidemic proportion in Utah. Between the fiscal years 1978-79 and 1982-83 a period of time in which the population of our state increased 14 percent, confirmed reports of child abuse and neglect recorded in the Utah Central Register increased by 27%, from 1640 such cases to 2141. A three fold increase of confirmed reports took place just within the 1982-83 fiscal period from July to June. It may be that these increases are in part due to a greater public awareness of reporting requirements and more sophisticated reporting procedures. But allowing such qualification in regard to the reporting of the abuse or neglect does not detract from the trauma or seriousness of the individual occurrence.

Of the 2665 confirmed cases of child and abuse reported in calendar year 1982 needing protective intervention, 51% required physical treatment and 4% required hospitalization. Six children were permanently disabled. Eight were killed, four of whom were under one year of age.

The necessary commitment of physical resources to treat the problem of child abuse and neglect is likewise staggering. It is conservatively estimated that it cost the State $3161.43 in provider services for each confirmed episode of child abuse and neglect in 1982. The budget of the Utah Division of Family Services directly apportioned for child abuse and protection, not including money budgeted for shelter care and guardian ad litem services, increased from $175,004 in the fiscal year 1979-80 to $683,300 in the fiscal year 1983-84. Approximately 50% of the total division of family services budget in 1983-84 is allocated for expenditures related to child abuse and neglect programs.

Recognizing there is a problem, the Council is now concerned with solutions. In this regard tp we are not satisfied that past efforts in combatting child abuse and neglect, for the most part directed toward discovery and treatment, have been wholly productive. Nor are we satisfied that simply increasing the ante for protective intervention is the answer, although it is certainly obvious that the present funding level for protective services is inadequate to provide twenty four hour intervention by competent workers, particularly within the urban areas of the state. The Council is impressed that some new directions should be explored, specifically in the area of prevention and the adequate funding thereof.

In a program audit of the Department of Social Services Protection Program released in June 1983, the Legislative Auditor General concluded that the child protection program of the Department was effective, but that primary prevention efforts of the Department fell short. Consistent with such finding is the content of an editorial which appeared in the Deseret News on October 25, 1983, which reads in part: "Heavy-handed punishment after a child has been killed or badly injured is not much use. Intervention must take place far sooner. . . . There must be counselling, therapy, building of new personal skills, and strengthening of emotional self-sufficiency. Dealing more promptly and effectively with child abuse won't be cheap. But it will be far more expensive not to do it."

Our effort should be to place greater emphasis on curing the causes rather than the symptoms. A wide variety of programs will promote healthy parent-child relationships. They range from teaching family life skills to high school students to coaching new parents in interacting with their infants. They may be based in many different agencies and sites: hospitals, schools, churches, day care centers; involve all types of people: foster grandparents, trained peer counselors, nurses, teachers; and affect a variety of target populations: single parents, new parents, families undergoing stressful life changes, pre-school and adolescent children.

To fund such a prevention crusade a sure and consistent resource, immune from the vagaries of legislative appropriation, must be available. The idea of a Children's Trust Fund, specifically funded from a consistent source and restricted to expenditure for child abuse and neglect prevention programs, is taking hold across the country. A package of three bills to accomplish such a fund, or something akin thereto, are being prepared by interested parties to submit to the 1984 session of the Utah legislature. Because the Utah legislature has previously expressed a dislike for such untouchable, restricted, dedicated type funds, the form of such trust fund legislation may have to take a different twist. Although the account may be created and sources of revenue committed thereto, the possibility of diversion by the legislature will probably remain.

But regardless of the method, the time must be now for new commitments, new dedication of resources, and new thinking in order to stamp out what has become a blight on the health and safety of our community.

STATEMENT OF FRANKLYN B. MATHESON, CHAIRMAN, UTAH CHILD ABUSE AND NEGLECT ADVISORY COUNCIL, AND SENIOR ASSISTANT ATTORNEY GENERAL IN THE OFFICE OF THE UTAH ATTORNEY GENERAL

Mr. Chairman: I will address areas of special concern and interest to the Utah Child Abuse and Neglect Advisory Council in regard to child abuse and neglect in the State of Utah.

Before discussing these issues I would first like to explain the purpose and function of the Abuse and Neglect Advisory Council.

I. THE CHILD ABUSE AND NEGLECT ADVISORY COUNCIL

In the State of Utah the division of family services, an agency within the Department of Social Services, is charged by law with the responsibility of promoting and enforcing all laws enacted for the protection of dependent, neglected, delinquent and abused children. Section 55-15b-6 Utah Code Associated 1953 as amended. A board of family Services consisting of seven lay members appointed by the governor is the policy making body of the division. Section 55-15b-3. The board in turn may appoint advisory committees to advise the board concerning children, youth and family service programs. Sec. 55-13b-4.

Pursuant to this statutory scheme the board, on July 7, 1976, created the Child Abuse and Neglect Council to advise and participate with the board of family services with respect to policy in connection with family services and child abuse treatment programs. Minutes, Board of Family Services, July 7, 1976. The council consists of 25 members appointed by the board representing various agencies and community groups with expertise or concern in the area of child abuse and neglect. Among other things the council is to assist the board and the professional staff of the division by:

1. Developing suggested policies
2. Initiating legal or legislative action
3. Informing the public
4. Securing and maintaining adequate funding
5. Recruiting volunteers
6. Suggesting program elements to provide effective child abuse and neglect services to the community

The council is to interact with the community by:

1. Giving active support to agencies and individuals in the community providing services to abused or neglected children.
2. Advocating the availability and accessibility of child abuse and neglect services to residents of the community.
3. Facilitating the dissemination of child abuse and neglect information through continuous education programs.

Since its inception the council has made recommendations to the board and been engaged in various child abuse and neglect programs and projects including the following:

1. Cooperated in the publication of a Children's Services Directory by the Salt Lake Junior League Provisionals.
2. Assisted in drafting and lobbied the Utah Child Abuse and Neglect Reporting Act, amendments to the Family Services Act, and Juvenile Court Act.
3. Reviewed at request of Division of Family Services policies regarding respite care, protective services, treatment of handicapped infants, and federal grant priorities.
4. Endorsed and lobbied Division of Family Services budget requests regarding child protective services.
5. Reviewed the following community programs: (a) Parents United, (b) "You're in Charge," (c) Family Support Centers, (d) Odyssey House, (e) L.D.S. Social Services, (f) Utah Abuse Registry, and (g) Law Related Citizenship and Values Programs in the Public Schools.

The council has also endorsed the following:

1. Endorsed and recommended legislative support of an integrated family court.
2. Endorsed and recommended legislative support of a mandatory guardian ad litem program utilizing volunteer workers.
3. Endorsed and recommended county support of victim/witness counseling programs.
4. Endorsed and recommended funding by the Division of Family Services of a Child Protective Services Handbook for Parents.
5. Endorsed, and prepared as yet unadopted bills regarding Children's Auto Safety Retraints and a Children's Trust Fund.
6. Endorsed and lobbied criminal statutes in relation to child abuse, child sexual exploitation, and child kidnapping.

The council is presently engaged in the following projects:

1. Values and abuse prevention training in the schools.
2. Children's Trust Fund legislation.
3. Child Auto Safety Restraints legislation.
4. Ex Parte Protective Order Legislation.
5. Waiver of Privilege legislation in regarding abuse and neglect proceedings in juvenile courts.

II. RISING INCIDENCE OF CHILD ABUSE AND NEGLECT IN THE STATE OF UTAH

Available data base in the State of Utah seems to indicate a significant upward trend in the incidence of child abuse and neglect.

Between the fiscal years 1978-79 and 1982-83, a four year period, the reports of child abuse and neglect recorded in the Utah Central Register established under the Utah Child Abuse and Neglect Reporting Act of 1978 increased from 4209 to 6858, a 61% increase. The substantiated reports during that period, that is, the portion of the total reports in which protective services were furnished, increased from 1640 to 2141, a 27% increase.

Within the same period of time the total population of the state increased by 14%, (Data Source: "Utah Economic and Business Review" published by the University of Utah Graduate School of Business), and the school enrollment for grades K to 12 increased 11% Data Source: Utah State Office of Education, Fall Enrollment Reports. Total abuse and neglect reports have increased at a greater rate than confirmed abuse and neglect reports. This is no doubt the result of increased public awareness of the reporting requirements and the fact that Utah law requires the reporting of suspected as well as actual abuse and neglect. The significant conclusion, however, is that the increase in confirmed incidence of child abuse and neglect in our State exceeds our population increase by more than a two to 1 ratio, and is on a trend upward. This increasing trend of child abuse and neglect is graphically illustrated by Chart 1, attached, for the fiscal year 1982-83, which reveals among other things, a three fold increase in the trend of confirmed abuse referrals from July 82 to June 83. These figures do not necessarily mean there is more child abuse and neglect in our State on a proportionate basis than there was 10 years ago. We have no effective reporting measurement before 1978. And the upward trend since 1978 may be greatly influenced by better reporting and investigative technique. But based on the information we do have and by comparison over the past four years it does appear child abuse and neglect in this state is on an epidemic course.

The gravity of the circumstance in Utah is illustrated by the fact that Utah ranked fifth highest of all the states in regard to reported incidence of child abuse in 1982 while ranking only thirty sixth highest in total population. See Report to Salt Lake County Commission On Youth, Task Force On Child Abuse and Neglect Committee, Sept. 22, 1983. 1980 Census of Population, U.S. Dept. of Commerce, Bureau of the Census.

Accepting that there is in fact a child abuse and neglect problem, it is of great interest to probe the dimensions of the problem. At the outset it is well agreed that the reported cases of child abuse and neglect reflect only the tip of the iceberg—only approximately 6% of the actual abuse situations. See Salt Lake County Task Force Report, supra, pg. 2. On this basis there were actually 21,410 abuse and neglect episodes in Utah in 1982-83. To handle this potential workload we have approximately 100 protective service workers on the staff of the Division of family services, a number that has increased by only four full time equivalent positions since 1979. Source: Office of Community Operations, Dept. of Social Services. A potential case load of 214 cases per worker is of course impossible.

It is also significant to note that child mistreatment is usually reflective of some type of family breakdown. 41.2% of the referrals in Utah in 1982 involved situations of broken families or family discord. Source: Central Register for Child Abuse and Neglect, 1982 Annual Report. Insufficient or misuse of income was the next most common circumstance (15.2%). 30.3% of the referrals involved two or three children in the same family. 95% of the perpetrators of the abuse or neglect were family members or relatives: 51% of the cases the mother, in 26% the father. 80% of the abusive parents were abused children, verifying the cyclical nature of the problem. 13% of the abusive parents had alcohol or drug dependence, 18% a mental health problem.

The nature and severity of reported abuse and neglect is frightening. It is difficult to rationalize it as justifiable discipline. Protective services were needed for the following reasons:

	Percent
957 were physically neglected	22.8
840 suffered from lack of supervision	20.1
744 were physically abused	17.8
280 were sexually abused	6.7
129 were abandoned	3.1
312 were educationally neglected	5.1
138 were medically neglected	3.3
4 were emotionally neglected	0.1
872 other	21.0

Six children were permanently disabled. Eight were killed: 4 females under 1, 3 females ages 1 to 4, and one male age 1 to 4. (Source: Utah Bureau of Health Statistics, Jun 30, 1983, Deaths from child battering and other maltreatment) Of the total confirmed reports 51% required physical treatment and 4% required hospitilization; 19% of the victims, or 59% children had special characteristics. Of that group:

	Percent
77 were mentally retarded	13.1
67 were physically handicapped	11.4
54 had a chronic illness	9.2
329 were emotionally disturbed	55.8
63 had a premature birth	10.7

These statistics prompt an interesting but unanswered thought. Were these children retarded, handicapped or disturbed as a result of the abuse or neglect, or did their condition prompt the abuse or neglect?

Interestingly enough 48.2% of the confirmed referrals involved families with 3 or 4 members. There were no confirmed referrals in families of 9 or more members. There was a rather even age distribution of the child victim with the heaviest concentration in age 5–8 (25%). 69% of the abused or neglected children remained at home under supervision by the division. 20.6% remained at home under court supervision or pending disposition by the court. 10% of the children (311) were removed from the home and placed in foster care. 5 of the children were released for adoption. In three cases parental rights were terminiated.

III. COST CONSEQUENCES

For the fiscal year 1983–84 the division of family services has budgeted $391,500 for the purchase of shelter care services, $683,300 for the purchase of child abuse services $91,700 for the purchase of guardian ad litem services, $3,100,000 for foster care services, $1,036,000 for group home care, $250,000 for family violence services, $129,900 for adoption services, $779,425 for youth services, and another $306,700 for various other services for a total of $6,768,625 pertaining to child abuse neglect and abuse. Source: Division of Family Services, Purchase of Services Report. This represents 50% of the total division budget for purchase of services. Related in another way this amounts to a $3,161.43 cost in provider services for each confirmed episode of child abuse or neglect in 1982–83. A proportionate share of the division staff budget should also be added to this figure, as well as a proportionate share of the costs to the courts, in computing the cost of child abuse and neglect services. Foster care rates run all the way from $7.08/day to $14.82/day per child depending on the nature of the child. It is reliably estimated on a national basis that the keeping of severely abused children in foster care cost an average of $7,800 per year. See Salt Lake County Task Force Report, supra. We may conclude that the direct cost of child abuse and neglect treatment runs very high.

The indirect costs are equally devestating:

Dependancy, neglect and abuse referrals to the juvenile court have increased 15% since 1975. 1750 such cases were handled by the juvenile courts in 1981. Source: Utah State Juvenile Court Annual Report for 1981. Of these cases 72%, or 1260 children, were removed from their home and placed in foster care. It is estimated that 80% of those children coming into conflict with the juvenile justice system, for whatever reason, have been the subject of abuse or neglect. Source: "A Proposal to Benefit Utah's Children at Risk", Dr. Donald F. Kline, Associate Director, Exceptional Child Center, Utah State University, 1981. In 1981 there were 6671 status offenders referred to the juvenile court. 200 of these cases resulted in a custody change. Of 18,342 criminal cases referred to the court, 1834 resulted in a custody change or institutionalization. Institutionalization costs the state $1666 per month per child. A six month stay costs approximately $10,000 to that state.

Abused and neglected children are ten times more likely to be placed in special education classes and institutions than non-abused children. Source: Kline, supra. The cost per student of special education can be from 3.4 to 6 times greater than the cost in the regular classroom. Abused and neglected children constitute over 68% of the population at the Utah State University Development Center. If a child is severely multiply handicapped and institutionalized as a result of neglect or abuse, the cost is about $63.00 per day; $22,900 per year; or $1,034,775 over a 45 year life span at the 1982 cost levels.

IV. PREVENTION VIS-A-VIS TREATMENT

Our advisory council is impressed that the primary thrust to this date in our state in combatting child abuse and neglect has been intervention and treatment after the fact—that is after the abuse or neglect has been reported and verified. Family services staff is primarily involved in investigation and intervention. The greater proportion of purchase of service money is spent for treatment programs, such as sexual abuse treatment programs and suspected abuse diagnostic programs. Source: Dr. William S. Ward, Assistant Director, Dept. of Social Services. Some money is spent by the state for primary prevention, for example the division subsidizes in part privately managed family support centers and community awareness programs such as "Your're In Charge" and "Touch" programs. The Board of Family Services has recognized prevention as a desirable element by adopting a division policy plan for child abuse and neglect which sets the following goals for the division:

1. To investigate all reports of abuse or neglect.
2. To provide intervention that will protect the child in all substantiated cases of abuse and neglect.
3. To provide primary prevention programs to all risk groups.
4. To provide an adequate range and amount of service throughout the state.
5. To educate the public to make appropriate referrals of child abuse and neglect.
6. To educate the public to recognize the value of treatment rather than punishment in abusing or neglecting families.

Division of Family Service Child Abuse and Neglect Policy Plan. Adopted June 3, 1983.

Adoption of a prevention goal by the Board is gratifying, but our concern remains that prevention may be overlooked in the fight against child abuse and neglect, especially in time of limited financial resources. It is of interest to note that the Office of Legislative Auditor General in a program audit of the Department of Social Services Child Protection Program release in June 1983 concluded that the child protection program of the department was effective but that the Department needed to increase its primary prevention efforts, particularly in rural areas. Report to Utah State Legislature Number 83-4, June 1983.

Admittedly the distinction between prevention and treatment programs may be rather tenuous. Obviously, for example, family counseling and therapy after a child has been victimized may prevent re-abuse. But our council is most interested in striking at root causes rather than simply treating symptoms. We are interested in programs that will promote healthy parent-child relationships ranging from teaching family life skills to high school students to teaching new parents in interacting with these infants. We would like to guard against the stress which causes the abuse. We are talking, about more-than "primary" prevention. We are talking about indirect prevention through the vehicle of values indoctrination and skills training.

A wide variety of programs will promote healthy parent-child relationships. They range from teaching family life skills to high school students, to coaching new parents in interacting with their infants.

Prevention programs are based in many different agencies and sites—hospitals, schools, churches, day care centers. They involve all types of people—foster grandparents, trained peer counselors, nurses, teachers, child development specialists, they are offered to a variety of target populations—single parents, new parents, families undergoing stressful life changes, pre-school, school-age, and adolescent children. Aimed at critical periods in a family's life cycle, they assist them through change and stress.

Prevention programs maximize a given community's resources, cooperation and creativity. Examples of programs now operating in several states include:

A "Perinatal Coaching Program" in Michigan which uses 100 trained volunteers to provide support, information, and training to parents having their first baby.

Neighborhood family support centers in Salt Lake and Weber counties, which use trained volunteers to offer drop-in child care, parent activities and classes, to parents needing relief from their children.

Parents Anonymous throughout the state of Utah offers help and counseling to parents who feel they are under stressful conditions.

The Salt Lake County Commission on Youth, a coalition of community youth advocates, has endorsed the recommendation of its special Child Abuse and Neglect Task Force Committee, supra, that "* * * supports and encourages more preventative education programs that teach parenting, crisis intervention and stress management."

V. THE "CHILDREN'S TRUST FUND" AND OTHER LEGISLATIVE PROPOSALS

The Utah legislature certainly has not been insensitive to the protection of children. For example, nineteen separate bills in the area of juvenile justice were passed by the 1983 Session as evidence, no doubt of the community's growing concern with the problems of child abuse, neglect and juvenile justice. Perhaps of most significance was the passage of a missing children registry act (SB No. 37), and a mandatory sentencing act for child kidnapping and sexual abuse, (HB 209), which is touted as the strictest such law in the nation. Also of great significance were changes made in evidentiary rules so as to allow hearsay and out of court statements in child abuse prosecution (HB 209 and SB 64) and to establish custodial prima facie responsibility for neglect or abuse. (HB 41).

It is the opinion of the Council that existing Utah statutes are in general adequate to legally combat the problems of child abuse and neglect. In fact Utah appears to be in the forefront as to legal machinery in relation to juvenile justice and protection. The basic ammunition in the Utah arsenal are: (1) The Juvenile Court Act of 1965 which established a model code for both the protection of the abused and neglected child and the treatment of the interrelated family trauma involved; (2) The Family Service Act of 1973 which charges the Division of Family Services to take the initiative in providing protective services for the abused or neglected child; (3) The Child Abuse and Neglect Reporting Act of 1965 (significantly amended in 1978) which mandates the reporting and investigation of known or suspected incidences of child abuse or neglect, and (4) the classification and definition of child abuse as a separate, identifiable crime in 1981 (See 76–5–109) and imposition of significant penalties for various categories of child abuse and exploitation.

Although finding existing statutory provisions generally adequate in relation to the reporting, investigation, treatment, prevention and prosecution of child abuse, the council nontheless recommends consideration of the following types of legislation by the 1984 legislature to fill what we observe to be voids in the existing law.

A. Ex parte protective orders

Although under existing law an enforcement officer may temporarily remove a child from a hazardous circumstance without warrant or pursuant to judical process emanating from the Juvenile Court, there is no legal means by which an offending adult can be restrained from a continuing abuse or removed from the premises short of an arrest and the filing of criminal complaints. As a result the child often bears the social brunt of the familial abuse or neglect by being removed from the premises and being placed in unfamilar surroundings.

The council recommends legislation providing a civil process, much as provided under the Utah Spouse Abuse Act, by which interested parties on behalf of an abused or neglected child can secure temporary ex parte protective orders separting the offender from the victim and restraining the continued abuse.

The legislative interim Social Service Committee has approved this recommendation.

B. Elimination of privileged communications as a defense in juvenile court abuse and neglect proceedings

Section 78–3b–12(4) of the Reporting Act waives the physician-patient privilege as a ground for excluding evidence in relation to a child's injuries. However, sometimes it is difficult to prosecute child abuse cases when the privileged communication rule is imposed in relating to other types of relationships, such as lawyer-client, priest-penitent, social worker-client. The Council recommends an amendment to the Reporting Act to read as follows: "Subject to the discretion of the judge, a privilege shall not be grounds for excluding evidence regarding a minor's injuries or cause thereof in any proceeding before the Juvenile Court resulting from a report made in good faith pursuant to the Child Abuse and Neglect Reporting Act."

This recommendation was likewise approved by the legislative interim Committee.

C. Childrens trust fund

Because the success of child abuse protective service programs often depends on the vagaries of legislative appropriation, the Council feels it important that a more sure and reliable type of additional funding be accomplished by legislation creating a Children's Trust Fund as a restricted, dedicated account for the purpose of funding child abuse and neglect prevention and treatment programs. This Fund would be created by the imposition of a surcharge on birth certificates fees, marriage license fees, and divorce complaint filing fees or decrees, and voluntary contributions. Similar legislation has now been adopted in a least 14 other states.

Unfortunately our Children Trust Fund proposal, at least in the form of a dedicated, restricted account funded by filing surcharges has run into opposition from the legislative interim Committee. Influential members of the Committee oppose the creation of a restricted account from any form of assessment or tax which cannot be controlled and diverted by the legislature for other purposes. By way of compromise and in hope of accomplishing some form of a Children's Trust Fund at least dedicated in part to child abuse treatment and prevention programs the proponents of the Fund concept have proposed three separate bills to the legislative interim Committee, hopeful that at least one will pass. The first bill is entitled "Child Abuse Prevention and Treatment Program." It does several things:

1. Declares legislative recognition of child abuse and neglect as a threat to the family unit and an imposition of major expense on society.
2. Directs the Division of Family Services to engage in various programs designed to provide primary child abuse and neglect prevention and treatment services including prenatal and crisis care.
3. Authorizes imposition of fees on those able to to pay for such services.
4. Requires 25 percent funding match by local contract providers of services.
5. Directs geographic distribution of services.
6. Directs evaluation of services.

This bill enacts little more than the division is already mandated to do and provides no funding, but does clearly express legislative intent and direction and provides local participation.

The second bill is entitled "Child Abuse Prevention Funding". This bill directs a surcharge of $25 on divorce filings, a $5 surcharge on marriage licenses, and a $5 surcharge on birth certificates to be transmitted to the State Treasurer for credit to the general fund and use by the legislature for child abuse and prevention treatment programs unless otherwise determined.

Over a ten year period, anticipating an approximate 2 percent annual growth in filings, it is anticipated that the marriage license surcharge will collect $1,072,160 the divorce filing surcharge will collect $2,983,725 and the birth certificate surcharge $2,279,000 for a total of $6,329,975 beginning with $567,535 in year 1 and ending with $702,835 collected in year ten. Source: Legislative General Counsel and Research office. Hopefully these moneys will be used for child abuse and neglect programs but the unfortunate compromise is that they are free revenues and will not necessarily be used for that purpose.

The third bill is entitled Abuse and Neglect Prevention and Treatment amount. This bill creates a restricted account within the general fund to be known as the Children's Abuse and Neglect Prevention and Treatment Account. It is to be funded voluntarily from grants, gifts, bequests, etc. and from voluntary check off designations on state income tax refunds. Such account as part of the general fund would be subject to legislative appropriation but could be used only for child abuse and neglect prevention and treatment programs.

It is impossible to estimate how much money could be generated by such voluntary contributions and check offs. A similar check-off program for the wildlife resources account generated $131,600 in the 1980-81 fiscal year, $276,041 in the 1981-82 fiscal year and $175,600 in the 1982-83 fiscal year. Source: Division of Wildlife Resources accounting office. The extraordinary contribution in 1982-83 is attributed to a special promotion sponsored by a super-market chain owned by a wildlife enthusiast. It is assumed that persons or institutions with interest in child abuse prevention might likewise promote a children's check-off account.

None of these three bills approximates the pure Children's Trust Fund originally conceived by Dr. Donald F. Kline when he was a member of our Council—the concept endorsed by our Council. Dr. Kline's Children's Trust Fund conceived of a restricted investment account funded by significant surcharges. One half of the principal in the fund together with interest thereon would be available for annual expenditure. The estimate of the legislative general council and research office is that such a fund would accommodate annual expenditures of approximately $300,000 with a principal balance at the end of ten years in the approximate account of three million dollars, the interest from which would then be sufficient to fund a significant prevention and treatment program ad infinitum. Such an ingenious program is inconsistent however, or at least so charged, with the funds consolidation and budgetary procedures philosophies espoused in existing state statutes.

VI. CONCLUSION

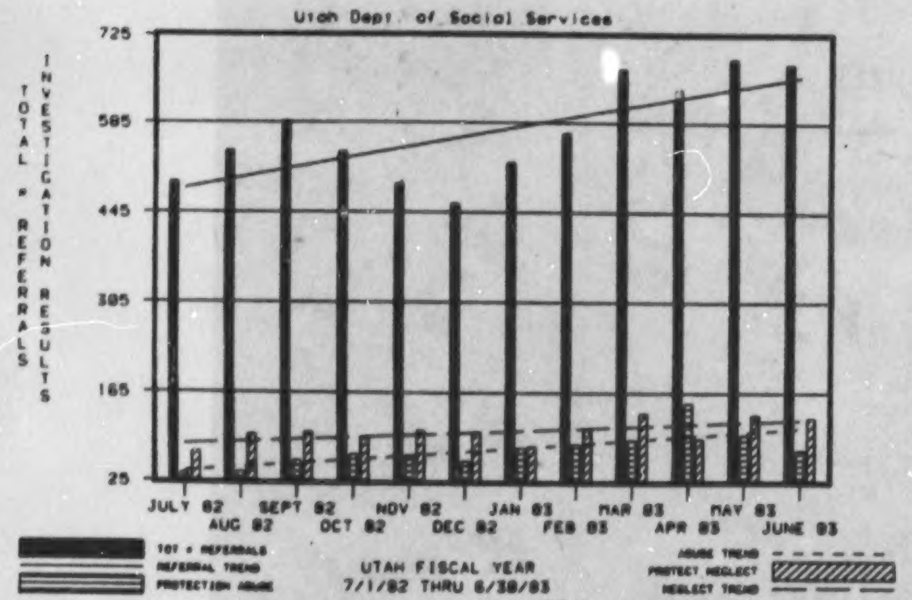
Our State Supreme Court in a recent case specifically affirmed for the first time the sufficiency of "battered child syndrome" evidence as the basis of a manslaughter conviction where the key evidence was the mute testimony of a battered little three year old girl. *State* v. *Kathy Tanner*, Case No. 17752, Filed Nov 15, 1983. Courts, legislative bodies, social service agenies, community groups, and individual citizens alike are increasingly incensed and concerned regarding the terrible consequences of child abuse and neglect.

It seems to our council that the time is ripe for new commitments, new dedication of resources, and new directions in order to stamp out the epidemic of child abuse and neglect, a festering sore on the health and safety of our American Society.

CHART I

CHILD ABUSE AND NEGLECT REFERRALS

Utah Dept. of Social Services



Source: Utah Dept. of Social Services
Office of Community Operations

Chairman **Miller**. I want to thank all members of the panel. You did very well in your part of the bargain, in limiting your testimony. We shall see how well the members of the committee will do in limiting their questions.

We will try to stand by the 5-minute rule for Members of Congress, and, Congressman Marriott, you will be recognized first.

Mr. **Marriott**. Thank you, Mr. Chairman. I will limit myself to two questions, the first one to Dr. Krugman and Mr. Matheson pertaining to child abuse.

We hear about the continuing growing incidence of child abuse in the country, but we don't hear any real specific solutions. I am most concerned about child sexual abuse.

As I talk to young people around the State, as I talk to people who are incarcerated, as we visited the psychiatric unit of this hospital just a few hours ago, we find statistics that somewhere between a third and a half of all those kids were victims of child sexual abuse.

What is it that causes this? Why are children abused sexually?

Are we dealing with people with mental problems? What are the frustrations in our society that would cause this type of activity?

I wonder if you could both address what you know about it and what we have to do in terms of preventing it or solving the problem of sexual abuse?

Dr. **Krugman**. I will try to summarize my usual 2-hour lecture on that subject, Mr. Marriott.

I think we don't know enough yet about child sexual abuse. I think my slides indicated we are early in this field.

It has been an interesting cycle in recognition in that we went from the battered child to the battered women, and in talking with battered women, prior histories of sexual abuse came up with enormous regularity and then pediatricians began to say, well, maybe children are being sexually abused too. And in the mid-1970's we began to look and, sure enough, wherever we look now we find children who are being sexually abused.

I think what it can tell you is that abuse in general is not done by psychiatrically deranged individuals. It is not done in general by psychotic individuals. It is not done by sociopaths, although certainly there are psychotic individuals and sociopaths who do.

Mostly, abuse tends to be a problem, sexual abuse, that we find across all socioeconomic lines and tends to be what we know about it, part of a generational pattern.

We find that all of the individuals that we treat at our center, and we treat the entire family, the perpetrator of the sexual abuse to the parent involved have themselves both been sexually abused as children. I think that is a very important point in that for many of these individuals, it is hard to know when this all began but it is a way of life. And one makes the assumption, well, if my father slept with all my sisters, why shouldn't I sleep with my daughter? The same is true for father-son incest or for grandfather-granddaughter incest.

I want to be careful to state that the reverse of that is not true. I think it is important for us to know that not all sexually abused children grow up to repeat that cycle just as not all physically abused children grow up to repeat that cycle.

I think as we look toward what we need to do in the next 5 years in a research way it is to spend more time talking with those individuals who are survivors, if you will. I think we have not spent enough time studying survivors of abuse and neglect. We spent plenty of time studying the abused child and their family.

Mr. **Marriott**. Mr. Matheson, could you comment on that? And also, is sexual abuse related to pornography?

Mr. **Matheson**. Congressman Marriott, I cannot add to the clinical evidence that you have received from the other panel member. In Utah, perhaps we are a little more favored than some other States. Our ratio of sexual abuse in the confirmed cases of child abuse is relatively small, 6.7 percent or 280 cases in 1982 calendar year as compared with some 22 percent physically abused children.

Now, I am not sure what that means. It could simply mean that we are more reluctant to report or confirm situations of sexual abuse in Utah than perhaps in some other States, but at least that is what the figures indicate.

As to any relationship or any causation factor with pornography and with other types of public materials and media presentations, I am just not qualified to comment on that.

As you are probably aware, and certainly we are having struggles in our State, we adopt laws and sometimes the Federal courts strike them down. But when we try to restrict pornography and try to restrict types of information to prospective mothers and so on, we seem to have a continual legal problem in accomplishing certain things that we would like to accomplish by way of restricting the type of information that is going into the homes.

Mr. **Marriott**. I have 1 minute left and I would just like to turn the question to Mr. Berriel and ask you this question.

I have been saying for a long time that if the families were doing what they ought to be doing as families, that we would solve most of our problems in this society and take a big burden off the government. You came from a broken family.

Mr. **Berriel**. Yes, sir.

Mr. **Marriott**. Can you just comment about what effect that had on you, you getting involved in crime and running the streets and the problems you had? How do you relate that to the fact that your parents were divorced and you have, in essence, a broken family?

Mr. **Berriel**. Well, it sort of started when they got a divorce and everybody else started getting in trouble. And I just went along.

Mr. **Marriott**. Did you ever have a good relationship with either of your parents?

Mr. **Berriel**. Well, my mom is an alcoholic and that is why they got divorced and she moved away.

Mr. **Marriott**. You feel that had your family stayed together as a family unit, it would have solved a lot of your personal problems?

Mr. **Berriel**. Yes, it sure would have.

Mr. **Marriott**. Thank you very much, Mr. Chairman.

Chairman **Miller**. Mr. Patterson.

Mr. **Patterson**. I think this has been a fantastic panel. I do not have much to add to it.

David, I was deeply touched by your testimony. I know you are a survivor, as was previously indicated; surviving a broken home, an alcoholic mother, and many other obstacles. You did make use of public facilities, and costs were borne by Federal taxpayers and local taxpayers in an effort to change your life. It seems to me that you have done a marvelous job.

My question to any of the panelists falls in line with the editorial from the Desert News. Mr. Matheson referred to the fact that dealing more promptly and effectively with child abuse wouldn't be cheap, but it would be far more expensive not to do it. A number of the other panelists seem to agree with him.

It is similar in the defense sector, we all know that if we are at war, we have to have a reliable defense mechanism; and if we are at peace, we have to have it to stay at peace. I wish we understood this concept a little more clearly when it comes to keeping families together, to having healthy children, and to nurturing positive family relationships. Sometimes, this can't be achieved entirely from within the family. Not all families have such fortitude.

In providing the kind of support which was referred to in the editorial and which some of you referred to, what estimate of costs would you be able to provide to justify prevention programs?

If people get into trouble, often they are going to be put in jail for a period of time. This is a costly consequence; probably far more costly in the long run than the cost of providing services and educational benefits early on, as David, and so many others have received.

Does anyone have any comments on what the cost ratio might be between bringing needed services to society and the resulting savings to society?

Dr. KRUGMAN. Mr. Patterson, I guess I could respond to that first by saying that prevention clearly does save money.

There was a study done in Colorado, again by Henry Kempe, 10 years ago where they looked at a home visitor program where adults who are at risk we can determine pretty much with 80 percent accuracy at the time of delivery who is at high risk for abuse and neglect, and doing that at that time and providing a home visitor to that family, a friend, a role model, someone to be around.

We did that for 2 years at a cost of $24,000 for one home visitor to care for 25 families. At the end of that 2-year period, in 25 high-risk families who did not have a home visitor, there were five severe cases of abuse. One child is institutionalized with brain damage at our Bridge School and the overall cost to the State of Colorado is well over $1 million. And the 25 families that the home visitor cared for, there were no severe cases of abuse at all.

Now, you can take $25,000 against a million and multiply that if you like. I think the real question needs not to be asked of us, frankly, but needs to be asked of the government, and that is, how come the long-range planning is only equivalent to the term in office?

Prevention takes a long time. It takes 10 years or more to show effects and early on you actually see more cases, not fewer, as a community gets together and recognizes what is going on. So I think that somehow there has got to be coordinated effort from your end to give us the time and the resources to do these programs.

Chairman MILLER. Congressman Fish.

Excuse me. I'm sorry.

Mr. **Patterson**. My time has expired.

Ms. **Tatham**. Could I quickly add that Congressman Patterson brought up an interesting point about cost. One of the doctors in this hospital, Dr. Szykula, who is a psychologist right here at Primary Children's Hospital did some work in Montana where they found a certain treatment modality most helpful. The therapist visited the home half of the time and the client came to his office the other half the time; this treatment modality was twice as productive in getting clients to complete treatment and in reducing the recidivism of the abusers. One of the things I would like to see on the Federal level is a close look at what treatment modalities are working best and are the most cost effective in the long run rather than perhaps the cheapest today. And I think that better followup services are critically needed.

Having a 10- or 20-week treatment program and then leaving these families to flounder on their own is totally ineffective. They will be calling us again, and rather than have it come to that, it is far more cost effective to give them, even if just once a month, followup services, but not to drop them.

I think that what we do with these child abuse cases when we find them is extremely important. We need to become much more innovative than we have been in many instances in the past.

Chairman **Miller**. Thank you.

Congressman Fish.

Mr. **Fish**. Thank you, Mr. Chairman.

I will limit myself to two areas.

Mr. Matheson, I will spare you because in your detailed testimony, you start on page 8 with respect to prevention and give us a great deal of material there to digest.

But, Professor Krugman, I think you end your testimony by saying that above all, we must evaluate prevention efforts.

Ms. Tatham, I quote you as saying that if we are not to raise yet another generation of spouse abusers, we need to see that children do not grow up in homes where they experience violence or learn from violent role models.

I wonder if you two could just elaborate on what you meant by evaluating preventive efforts.

Dr. **Krugman**. I have not worked in a field that has as little data on what people are doing as the field I am presently working in, Mr. Fish. There are people who are being treated and put into parenting classes for 6 months or a year by courts who then come out and, to the best of my knowledge, in many cases have not changed at all, but are put into a system that says "this is part of your treatment."

There is an enormous amount of data in county and State social service agencies for the treatment of these families that has never been looked at because the agencies have not, they say, been able to look at them. I think that is something that we need to change, because we need to know what we are doing and the time of increased cases and decreased resources we need to triage and figure out who is treatable and who is not; treat those who are and not waste resources on those who are not.

In the prevention area, there are an enormous number of programs that have sprung up all over the country in sexual abuse prevention and child abuse prevention, excellent programs, but to my knowledge, other than showing that when you go into a school with a child sexual abuse prevention program, you will always identify one or two cases. We have never seen any data that doing these programs will protect children a year or two from now and that kind of research needs to be done.

So I guess that is what I am saying by evaluating our prevention efforts. In my community, every PTA in the Denver metropolitan area has had sexual abuse training in the last year and every one of those PTA's has spent $150 privately to do it. I don't know; I think that is their choice, obviously, but that chance has now escaped to evaluate whether or not we are really protecting children.

So I think we need better research and better understanding of our prevention programs, which I think can come from a higher level of impetus.

Mr. **Fish**. Thank you.

Ms. Tatham.

Ms. **Tatham**. Yes, sir. I think that family violence needs to be looked at as a whole and that children who live in a violent home are "at risk." In fact, several Canadian provinces actually say that these children "need protection." Even if they are not abused, they feel that they need protection from social services, because their mothers are abused, they feel that since these children are witnessing abuse they are part of an abusive and harmful household. They are far more likely to either become abusive mothers or to tolerate abuse as a wife because they have seen their mothers tolerate it.

Sexual abuse, physical child abuse, and physical spouse abuse are very much related and we find that the same families have all three far more often than the population at large.

I hope that the impetus will be on prevention, both primary and secondary, meaning preventing of the second or further occurrence of the abuse, as well as preventing abuse altogether in high risk families. It is crucial to intervene in abusive family situations, to remove the abuser or the abused person unless it is possible to ameliorate the situation without further endangering the abused child or adult. Although it is the ideal goal to keep the family together whenever that can be done in a violence free home, when that is not possible, they have to be helped to find separate violence free lives. Thank you.

Mr. **Fish**. Mr. Maldonado, switching over to educational failure, I was really quite surprised to hear what you had to say. There must be a reason for it. I came here almost directly from south Florida where there is a large, three-quarters of a million Hispanics, population largely stemming from the 1959 revolution. Cuba, who take pride in the development of south Florida and particularly Dade County as a result of their enterprise and strength and contribution to the community; they have been a driving force and some people, non-Hispanics, have said the best thing that ever happened to Dade County.

What you are telling me here is that we are dealing with a very fragile Hispanic element.

Mr. **Maldonado**. Well, sir, I think you have to look more specifically at the origins of those populations. The Cuban population in Florida and in other parts of this country is doing very well but they come from typically middle- and upper middle-class backgrounds. The Mexican Americans, on the other hand, people from the Southwest, are typically from very rural, very poor areas who are not only needing to learn the politics of city living, not just because we just haven't been in cities for many generations, but also how to survive economically. If you look across the country in other places, they tend to come from backgrounds that are much more sufficient in terms of money, social thinking, and values and that, I think, is the biggest distinction.

I probably should not have said Hispanics in general. I should have said selected Hispanics.

Mr. Fish. You are talking largely as far as this State is concerned in terms of Mexican Americans, are you not?

Mr. Maldonado. Yes, sir, and that is the case, too, in terms of other Southwest States. The ninth grade educational attainment is a national statistic, not a Utah statistic. Utah was one of the reporting States.

Mr. Fish. Thank you.

Thank you, Mr. Chairman.

Chairman Miller. Mr. Wolf.

Mr. Wolf. Thank you, Mr. Chairman.

I want to thank the panel, particularly you, David. You did an outstanding job. My question to the panel might be better answered in a detailed letter so that you all can answer with thought and the committee members can study it. Anyone who wants to answer verbally, however, is certainly welcome.

Most of you made suggestions on what we can do for particular problems, like establishing shelters for battered women, and you mentioned a bill in Congress, you'd like us to support. That's all fine. I don't think anybody could disagree with you but my question to you is why are these things happening? What can we do to eradicate them? We have eradicated such debilitating things as polio. I realize there are differences in these problems, but we have lessened the effect of many societal adversaries. We have wiped out smallpox, basically eliminated leprosy and have taken care of TB. We have eradicated them.

What are your opinions and solutions? Frankly, I hope you don't expect the corrective ideas to originate in Congress. They are going to come from the public, you, the experts. How do you feel about television? Does television induce violence?

The other day I saw an advertisement in the Washington papers for the "Chainsaw Murder." That was a movie. What effects might that have on society? What about the role of religion? Does it make a difference regardless of what the religion is, the spiritual values, tradition? How about teenage training? Should the schools implement prevention programs? How much time is spent investigating self-esteem and issues like that? What are the profiles? What are the profiles of problem plagued families versus the "well" family? What are the "well" families doing to avoid violence, et cetera?

Will you give us a detailed letter, as long as necessary, explaining what you think we should do in Congress, in this committee, in addition to all the wonderful and good things you said like voting for the House bill in Washington. Tell us what you think we should do so that we cannot only treat the problems and help those who are 16 and 17 and 18 or 5, 6 and 7, but also perhaps to eliminate or attempt to reduce it for those who have not even been born or brought into the world? This is my request.

There is really no need for anybody to comment unless you want to, but since you have taken the time to come here and spend all this time and I know how interested you are, I hope you will follow up on this request.

Thank you, Mr. Chairman.

Dr. **KRUGMAN**. Could I comment in 30 seconds; that I don't think we should ever hope to eradicate abuse and neglect and domestic violence. It has been with us for 6,000 years and I don't think we can fix it in a generation. I think it will take a concerted, long-term effort and it will probably come because community by community, and neighbor by neighbor, and State by State, and finally government by government, we will want to eliminate it. It will take time, but we can move on it.

Mr. **WOLF**. I understand that, but we have got to begin to move on it and talk about how we treat it before it begins. We innoculate young people in schools. I have five children. They have all had their shots for TB, polio, and other vaccinations. What can we do to innoculate young people from moving into these abused and abusing generations because as Ms. Tatham pointed out, if a child has been abused, the chances are that they are going to abuse their own children.

Ms. **TATHAM**. Congressman, could I just add one thing about what we can do.

I agree, it will take a long time, but I think the fact that the problem is out of the closet and that people are talking about family violence and looking at abused children and looking at abused women and seeing what this is doing and the fact that we are having shelters and we are having programs and probably one of the most interesting and hopeful kinds of signs to me is the fact that groups like Future Business Leaders who usually don't concern themselves with such subjects are looking at family violence and what it is doing and starting to think about how will I relate to my wife. And our local scouts, the senior scout troop, had a program on family relations and I think that if we can get some of the people who are not yet married to start thinking about how they will relate and how they will treat their kids and their wives and husbands, I think that will make a big difference.

Chairman **MILLER**. Congressman Coats.

Mr. **COATS**. Thank you, Mr. Chairman.

In the interest of time, I will be very brief with my questions and hopefully the answers can be brief also.

Two questions, Ms. Tatham. You indicated the program of shelters for women and removing children from those situations. Is there any program underway or anything being done to assist the father, the abuser, at the same time so that that family can be hopefully reconciled in a more positive way?

Ms. **TATHAM**. Yes, there are programs. There is one particular one here in Salt Lake City. The community crisis center operates a counseling program for abusers. It is court-ordered counseling for the husband. Also the division of family services will also counsel couples together or husband and wife separately, to see if things can be worked out or not. There are a great many husbands who are absolutely adamant that they do not need counseling, and they will not go into counseling. Some of them would rather go to jail. They feel it is their right to beat these women to whom they are married. For those who are willing to learn their anger management skills, it is crucial to have counseling available.

However, we are still at a stage where we are frequently working with people who refuse and are very determined that they don't want and will not change their ways.

Mr. **Coats**. Thank you.

David, just a question for you. I was impressed very much with your testimony, as we all were. In reflecting on your family, 11 of 13 children were sent to reform school. You were the 12th child born and also had problems. You are now married and have a child and will probably have more children. You made some very important decisions in your life that have removed you somewhat from a pattern that has been very, very present in your family. Have you reflected on what you want to do different as a father than what occurred in the family where you grew up?

Mr. **Berriel**. Well, I would like to raise my children right, take them to church and do everything right that should have been done in my family and teach them right and keep them in school and be more disciplined with them than our family was.

Mr. **Coats**. In other words, you have looked at the situation you were in and you have made some conscious, willful decisions to do something differently with your family than was done with you when you were growing up.

Mr. **Berriel**. Yes.

Mr. **Coats**. Have any of your brothers or sisters reached the same conclusions that you have?

Mr. **Berriel**. Well, I don't really know because I try to keep away. I moved here to Salt Lake and they are in Provo and California. I just try to keep away because they still do things and they try to get me involved with them and the farther away I am I will be better off.

Mr. **Coats**. Well, again I commend you for your decision. I think it will be a decision that will make a lot of difference for a lot of people and I hope that you can successfully be able to carry that out. I know you will. The best to you.

Thank you, Mr. Chairman.

Mrs. **Vucanovich**. Thank you, Mr. Chairman. I will be very quick. I realize we are under pressure of time.

I would like to address this to Mr. Matheson. In your testimony, I am talking about some of the profiles of the children and their mistreatment, I note that you say 80 percent of the abusive parents were abused children, verifying the cyclical nature of the problem. Is it really true that 80 percent of abused children are mentally or physically handicapped or emotionally disturbed? Is this a reason or is this not a conclusion that we are drawing from that?

In other words, is this a reason for the parents themselves to physically abuse their children?

Mr. **Matheson**. I am not sure I understand the second part of the question. To the first part of the question, certainly the testimony we have, and we have a special committee such as this one taking testimony from various experts, has confirmed that 80 percent figure, that 80 percent of those who are abused, their primogenitors were also abused.

If you would repeat the second part.

Mrs. **Vucanovich**. I was questioning whether 80 percent of the abused children are mentally or physically handicapped or emotionally disturbed.

Mr. **Matheson**. Our statistics of the 1982 calendar year, as I indicated, 55 percent were emotionally disturbed. I suppose that is a matter of definition, but 55 percent were emotionally disturbed and 13 percent were mentally retarded. That is of the confirmed cases of child abuse and neglect.

Mrs. **Vucanovich**. And these were the children who were abused, and they were this way to begin with, but not as a result of the abuse.

Mr. **Matheson**. That is an interesting point and I made that comment in my paper. The question is whether the circumstances caused the condition or the condition caused the circumstances.

Mrs. **Vucanovich**. I think that is probably my question.

Mr. **Matheson**. That is problematical. I don't know the answer to that. Whether or not the statistics were caused by the neglect or vice versa, I don't know that.

Mrs. **Vucanovich**. Did someone else want to comment about that? I see that Ms. Tatham may want to make a comment.

Ms. **Tatham**. Yes, ma'am, I would. I do believe that an awful lot of retardation and other kinds of emotional problems that children exhibit can be "situational." Children who are abused can sometimes have these symptoms reversed or eliminated with treatment. Once you really zero in on that family, you can make a huge difference. All of those problems, even if they were present before, and I believe in many cases they were not present before the abuse, are made so much worse because of the abuse. One example is being abused by being shaken violently, this can cause brain damage if the brain is jarred sufficiently, or "failure to thrive" where a child's head does not grow appropriately and his brain growth doesn't take place at adequate rates, that child can be retarded for lack of proper nutrition and proper care which cause the "failure to thrive" syndrome. Quite often this happens without the parents knowing it. The parents don't even know that they are contributing to "situational retardation" by the fact that their infant or child is malnourished. This is especially crucial during the first year of life when most brain growth takes place.

Mrs. **Vucanovich**. To carry it just a little bit further, are you also implying that perhaps some of the manifestations of this are that the youngsters simulate this retardation or is this perhaps not the right conclusion?

Ms. **Tatham**. Simulate means that they make it up, and I don't believe they do. I believe they exhibit this behavior because of what they have been through. A lot of these abused children become very depressed, withdrawn and act out or exhibit other high stress-type of symptoms. Even 3- and 4-year-olds can have ulcers because of the fear, pain and violence seen and experienced. Of course, maltreatment can also affect a child's ability to do well in school and can cause other kinds of problems later on as he becomes an adolescent or adult.

Mrs. **Vucanovich**. Thank you.

Mr. **Matheson**. I would just add the comment, the statistics that I quoted in my paper are the statistics that existed at the time of the confirmation of the report. Under our reporting act, the known or suspected cases must be reported. At that time, they are either confirmed or disaffirmed. At that point, we determined that the child is retarded or is not retarded or has the other handicaps that we referred to. Quite frankly, we probably don't have the empirical data to establish which came first, the chicken or the egg.

The knowledge is that at the time of the referral, that is the condition of the child. Now, whether that existed before the abuse or after the abuse, we just don't have that data.

Mrs. **Vucanovich**. Thank you, Mr. Chairman.

Chairman **Miller**. Thank you.

I think that this panel has clearly exhibited to the committee that there are models for success. I think the fact, Dr. Krugman, that as you testified there is about an 80-percent chance of identifying at the time of birth a high-risk situation that proves that we can spot the problem early. There are models if we desire to invest in them, that can prevent child abuse in a high proportion of those high resk families. And I think that we have seen in the shelters for battered women that families can be reunified through counseling, or can be put back together in a nonviolent situation if the resources are invested.

I think David's case obviously is an example. David, I don't know what it cost to keep you at Esperanza 10 months or to keep your brother in California, where I think, costs are running about $15,000 a year. Again, I think we have seen that if the desire, as a matter of public policy, is to provide a network of prevention services, so much can be saved. We were just upstairs in the infant intensive care unit and those babies are costing, aside from the emotional trauma to the families which also effects how that family feels about that baby, between $150 to $1,500 a day. Yet, the single biggest reason for those children being there is low birth rate, which can be reduced by two-thirds through the WIC program.

The cost to the Government of a WIC pregnancy is around $100 per woman because they don't come on for the entire 9 months. We would love to have them on for 9 months, but we don't get them. So for $100 a pregnancy, we have learned from monitoring those children that participated and those who didn't that we can reduce low-birth weight from better than 15 percent to 5 percent.

We are going to break for lunch here in a minute and have time again to talk to some of the medical staff here. I think if we ask them why many of those children are up there in intensive care, we'll learn it was that low-birth-weight premature event or the abuse of a child that will be the two most expensive events for the Government. And the question is whether or not we are going to allow those events to continue to take place or whether there is going to be some investment in successful preventive strategies.

I think we are starting to see whether it is private or public investment, if it is made, we can demonstrate in hard copy, so to speak, the benefits of that investment. It appears that we have gone out in a number—and I think Dr. Krugman knows this—we have gone out with a number of pilot programs and demonstrated throughout the country in every region and every economic setting and political landscape successful pilot programs at work, and we have never come back to replicate them or try to further invest in them.

I think for members of the committee who were looking for models of success, David, you may be the most graphic one to be presented here. The children upstairs represent, tragicallys the most graphic failures. The contrast is right before us.

I want to thank the panel very much for helping us to meet our time constraints and for responding and raising these issues on preventive strategies.

Mr. MARRIOTT. Just two things before we break here at 12:30. We would like to introduce Don Poulter who is here. He is the administrator of the hospital and has made these facilities available and we appreciate that. Also for the benefit of the witnesses who are yet to testify, we will be back in this room about 1:15. The first panel should conclude by about 1:30, and the second panel will start at 2:30, and finish up at 3:45. So for those of you who have appointments, we would like to let you know that. We will be back here at 1:15.

Also, I would ask those panelists who have not testified, to please highlight your testimony. Also, I am told that there is a very good cafeteria one flight up for those who will be in the building during this 45 minutes and we will be back here promptly at 1:15 underway.

[Whereupon, at 12:30 p.m., the committee recessed, to reconvene at 1:15 p.m., the same day.]

AFTERNOON SESSION

Chairman MILLER. If I can ask the members of the second panel to come forward. Once again, I will restate our concerns about the length of testimony and the length of questioning by the members of the committee and the panel, and I would hope again, to the extent that you can summarize your testimony, raise those points that you want to draw to the attention of the committee so that we can respond by asking you questions on those points, it will be most helpful to us, so that we can make sure that the final panel is given the same considerations with respect to time and dialog between members of the committee and the panel.

First, we will hear from Ms. Mitzi Dunford, who is representing the Junior League of Salt Lake City. Welcome to the committee.

I will say thank you on behalf of all the members of the committee to the Junior League for all of the help that they have provided in getting the Congress to go along with the Select Committee.

STATEMENT OF MITZI DUNFORD, JUNIOR LEAGUE OF SALT LAKE CITY

Ms. DUNFORD. Thank you.

Last year, I served as director of public issues and advocacy for the Junior League of Salt Lake City, and chairman of the local Child Watch project. The Junior League has been concerned with children's issues throughout its 50-year history. We currently have several community projects involving child welfare.

Last year, Junior League volunteers conducted the Child Watch project in Salt Lake County. Child Watch is a national citizen monitoring project designed to document the impact of recent Federal budget cuts and policy changes affecting low-income children and their families. Developed by the Children's Defense Fund in collaboration with the Association of Junior Leagues, the project focuses on four basic areas: Aid to Families with Dependent Children, child health, child welfare, and child care. More than 50 advocates, providers, administrators, and parents were interviewed between June 1982 and April 1983. Each person was interviewed three times.

Today, focus on what we perceive to be the most critical issue of our findings—the recent changes in Aid to Families with Dependent Children, AFDC.

The Omnibus Budget Reconciliation Act of 1981 established new eligibility criteria and set new restrictions on the AFDC program. While the intent of the changes in AFDC was to get people off welfare, several changes were actually counterproductive to this goal in Utah. The most noted and consistently criticized change involves the $30 and one-third work incentive disregard.

Prior to the Reconciliation Act, AFDC recipients who worked could deduct $30 and one-third of their earnings when calculating their grant. This provided a bonus for those parents who were working. More importantly, by allowing working parents to remain on AFDC, the income disregard provision made it possible for families to retain their subsidized child care and medicaid coverage until their earnings were high enough to allow self-sufficiency. The Reconciliation Act changed the manner in which this disregard is to be calculated and limited the disregard to the first 4 months of employment.

The 4-month limitation was unanimously criticized by all those persons interviewed. Since most AFDC parents enter the job market at minimum wage level without child care and/or medical benefits, it is unrealistic to expect that they will be able to be self-sufficient within 4 months. As one young AFDC mother said to us, "If I really, really care about my kids, I won't let them go without medical benefits."

The effect of the $30 and one-third changes in Utah was immediate and drastic. The parents who continued working after losing AFDC were frequently left with no medical coverage. Many were forced to pull their children from licensed, quality child care facilities in order to find less expensive care.

In November 1981, before the changes in AFDC went into effect in Utah, 15.5 percent of AFDC households had some earned income. By October 1982, only 7.2 percent reported earned income. According to a recent report by the Utah Department of Social Services, "While some of this decline was due to $30 and one-third case closures, over one-half of the decline in earned income cases represented a reduction in work effort."

The changes had, in reality, become work disincentives. Instead of getting people off welfare, the $30 and one-third changes were responsible for discouraging parents from seeking employment. In addition, many parents who were working quit their jobs in order to retain medicaid coverage for their children. Since fewer recipients were working and reciving partial grants, and more families were receiving full grants, Utah was paying more for AFDC payments than before the $30 and one-third changes were instituted.

The State of Utah has responded to the Federal changes in AFDC in two important ways. Identifying child care as an important work incentive, the 1982 State legislature extended subsidized child care for an additional 4 months after a working AFDC parent's case is closed. They also established a sliding fee scale for child care, and in 1983 raised the fee scale to gradually ease low-income parents off assistance.

In January 1983, the Department of Social Services began the "Working Pays" program which restored financial incentives to work by recalculating the AFDC grants. This change provided a financial incentive to work. The program extends eligibility for AFDC—and, therefore, subsidized child care and medicaid coverage—to many working parents whose cases would have been closed as a result of the $30 and one-third policy change.

The impact of this program was immediate and impressive. The percentage of AFDC cases with earned income has steadily climbed to 13.4 percent in September from 8.3 percent in the month prior to the program's implementation. While some of the improvement may be due to an improved economy, the Department of Social Services believes that "recalculating the grant and the resulting work incentive has had a substantial impact."

The increased number of working recipients has resulted in a significant decline in the average monthly grant, resulting in a $95,000 per month savings in AFDC payments. Utah has demonstrated that maintaining work incentives for the working poor such as child care assistance and medicaid coverage is beneficial to low income children and their families, and is cost-effective to the taxpayer.

We urge Congress to eliminate the 4-month limitation on income disregards and other regulations which discourage recipients from seeking and maintaining employment in working toward self-sufficiency. The Association of Junior Leagues, of which we we are a member, joins us in urging you to support the change.

Another factor in AFDC which we think Congress should address is the availability of AFDC to intact families. While our Child Watch project did not gather specific data on this issue, we did hear several speculations from many persons that some families did split up because the man in the house was unemployed and his family could not qualify for any assistance as long as he lived with the family. We believe that this is a problem which needs to be addressed, and we would like to see Congress study the feasibility of requiring States to provide AFDC-U in order to encourage family stability.

As you know, one of the historical goals of AFDC has been to provide family stability. At present, most of the AFDC families in America are single-parent, female-headed families. We think it is time to consider policies which will help to reverse this long-term trend and begin to provide an incentive for two-parent families.

The current structure of AFDC does not promote family stability, as evidenced by the composition of AFDC families.

While time does not permit a review of all of the findings of our Child Watch project, we are submitting for the record copies of our Child Watch report. As the Child Watch project emphasizes, "Children do not vote, lobby or make campaign contributions." The well-being of children in America—particularly poor children—is in the hands of this Nation's leadership, particularly committees such as this and others in Congress.

We and the Association of Junior Leagues look forward to working with you and finding solutions to the problems which threaten the health and welfare and the future of our Nation's children.

Thank you for giving me this opportunity to appear before you today.

[Prepared statement of Mitzi Dunford follows:]

PREPARED STATEMENT OF MITZI DUNFORD, JUNIOR LEAGUE OF SALT LAKE CITY, UTAH

I am Mitzi Dunford, representing the Junior League of Salt Lake City. Last year, I served as Director of Public Issues and Advocacy for the Junior League and Chairman of the local Child Watch project. The Junior League of Salt Lake City, an organization with 655 members, has been concerned with children's issues throughout its 50 year history. We currently have several community projects involving child welfare: Children's Dance Theatre at Neighborhood House; "You're in Charge"—a child abuse prevention program presented to elementary school children; The Child Welfare Media Campaign; Teenage Pregnancy Education; and a resource and referral project for child care.

Last year, Junior League volunteers conducted the Child Watch project in Salt Lake County. Child Watch is a national citizen monitoring project designed to document the impact of recent federal budget cuts and policy changes affecting low-income children and their families. Developed by the Children's Defense Fund in collaboration with the Association of Junior Leagues, the project focuses on four basic areas—Aid to Families with Dependent Children, Child Health, Child Welfare, and Child Care. More than 50 advocates, providers, administrators, and parents were interviewed three times between June 1982 and April 1983 by the Child Watch teams. Today, I will briefly describe some common themes which emerged throughout our interviews and then focus on what we perceive to be the most critical issue of our findings—the recent changes in Aid to Families with Dependent Children (AFDC).

COMMON THEMES

Several common themes emerged during Child Watch interviews:

(1) There has been a dramatic increased demand for basic needs—food, clothing, shelter, and utility assistance. Stories were told of homes without heat, children without shoes, families living in cars and tents, and food banks depleted hours after being stocked.

(2) A second theme was a loss of hope and a sense of growing despair and frustration. These feelings were expressed by parents who were directly affected by budget cuts and changes in eligibility for certain programs. Providers and caseworkers were also frustrated by increased paper work, rising caseloads, unpaid overtime, and staff burnout.

(3) A frequently mentioned concern was the reduction in preventive services. Many advocates and providers in child health and child welfare spoke of their work as "crisis oriented."

(4) The unavailability of services for the working poor was a frequently mentioned concern. New eligibility criteria for various programs have resulted in the elimination of services and benefits for many families. Concern was consistently voiced for the child who "falls through the cracks" of the existing systems.

(5) Many interviewees were also frustrated by the lack of commitment to teenagers by parents, the public, and even some agencies.

AID TO FAMILIES WITH DEPENDENT CHILDREN

The Omnibus Budget Reconciliation Act of 1981 established new eligibility criteria and set new restrictions on the AFDC program. While the intent of the changes in AFDC was to get people off welfare, several changes were actually counterproductive to this goal in Utah. The most noted and consistently criticized change involves the $30 and one-third work incentive disregard. Prior to the Reconciliation Act, AFDC recipients who worked could deduct $30 and one-third of their earnings when calculating their grant. This provided a bonus for those parents who were working. More importantly, by allowing working parents to remain on AFDC, the income disregard provision made it possible for families to retain their subsidized child care and medicaid coverage until their earnings were high enough to allow self-sufficiency. The Reconciliation Act changed the manner in which this disregard is to be calculated and limited the disregared to the first four months of employment. The four-month limitation was unanimously criticized by all those persons interviewed. Since most AFDC parents enter the job market at minimum-wage level without child care and/or medical benefits, it is unrealistic to expect that they will be able to be self-sufficient within four months.

The effect of the $30 and one-third changes in Utah was immediate and drastic. The parents who continued working after losing AFDC were frequently left with no medical coverage. Many were forced to pull their children from licensed, quality child care facilities in order to find less expensive care.

In November 1981, before the changes in AFDC went into effect in Utah, 15.5 percent of AFDC households had some earned income. According to a recent report by the Utah Department of Social Services, "While some of this decline was due to $30 and one-third case closures, over one-half of the decline in earned income cases represented a reduction in work effort."

The changes had, in reality, become work disincentives. Instead of getting people off welfare, the $30 and one-third changes were responsible for discouraging parents from seeking employment. In addition, many parents who were working quit their jobs in order to retain Medicaid coverage for their children. Since fewer recipients were working and receiving partial grants, and more families were receiving full grants, Utah was paying more for AFDC payments than before the $30 and one-third changes were instituted.

STATE RESPONSES TO FEDERAL CHANGES IN AFDC

The State of Utah has responded to the federal changes in AFDC in two important ways. Identifying child care as an important work incentive, the 1982 state legislature extended subsidized child care for an additional four months after a working AFDC parent's case is closed. they also established a sliding-fee scale for child care, and in 1983 raised the fee scale to gradually ease low-income parents off assistance.

In January 1983, the Department of Social Services began the "Working Pays" program which restored financial incentives to work by recalculating the AFDC grants. Instead of subtracting countable earned income from the AFDC grant, which in Utah is 54 percent of the state standard of need, countable earned income was subtracted from the state standard of need and then a rateable reduction (54 percent) awas applied to the difference to arrive at the grant. This change provided a financial incentive to work. The program extends eligibility for AFDC (and, therefore, subsidized child care and Medicaid coverage) to many working parents whose cases would have been closed as a result of the $30 and one-third policy change. The impact of this program was immediate and impressive. the percentage of AFDC cases with earned income has steadily climbed to 13.4 percent in September from 8.3 percent in the month prior to the program's implementation. Attachment A of our testimony is a chart prepared by the Utah Department of Social Services indicating the changes in the AFDC roles before and after the changes in the disregard. While some of the improvement may be due to an improved economy, the Department of Social Services believes that "recalculating the grant and the resulting work incentive has had a substantial impact."

The increased number of working recipients has resulted in a significant decline in the average monthly grant, resulting in a $95,000 per month savings in AFDC payments. Utah has demonstrated that maintaining work incentives for the working poor such as child care assistance and Medicaid coverage is beneficial to low-income children and their families and is cost-effective to the taxpayer.

We urge Congress to eliminate the four-month limitation on income disregards and other regulations which discourage recipients from seeking and maintaining employment in working towards self-sufficiency. The Association of Junior Leagues, of which we are a member, joins us in urging you to support the change. The Association is composed of 244 Junior Leagues in the United States representing 149,000 individual members.

THE NEED FOR AFDC-U

Another factor in AFDC which we think Congress should address is the availability of AFDC to intact families. While our Child Watch project did not gather specific data on this issue, we did hear several speculation from many persons that some families did split up because the man in the house was unemployed and his family could not qualify for any assistance as long as he lived with the family. We believe that this is a problem which needs to be addressed and would like to see Congress study the feasibility of requiring states to provide AFDC-U in order to encourage family stability.

As you know, one of the historical goals of AFDC has been to provide family stability. At present, most of the AFDC families in America are single-parent, female-headed families. We think it is time to consider policies which will help to reverse this long-term trend and begin to provide an incentive for two-parent families. The current structure of AFDC does not promote family stability, as evidenced by the composition of AFDC families.

SUMMARY

While time does not permit a review of all of the findings of our Child Watch project, we are submitting for the record copies of our Child Watch report which includes findings related to child health, child welfare and child care. As the Child Watch project emphasizes, "Children do not vote, lobby, or make campaign contributions." The well-being of children in America—particularly poor children—is in the hands of this nation's leadership, particularly committees such as this and others in Congress. We and the Association of Junior Leagues look forward to working with you and finding solutions to the problems which threaten the health and welfare and the future of our nation's children.

Thank you for giving me this opportunity to appear before you today.

ATTACHMENT A.—AFDC CASELOAD, EARNED INCOME AND AVERAGE GRANT AND CHANGES IN FINANCIAL WORK INCENTIVES

Date	AFDC cases [1]	Earned income cases [1]	Percent	Gross earned income [1]	No. EI cases closed [2]	Average adjusted AFDC grant [3]	Unemployment rate
December 1980	[4] 11,806	1,875	15.9	638,057	NA	NA	NA
February 1981	[4] 12,056	1,873	15.2	624,318	NA	NA	NA
November 17, 1981	11,038	1,713	15.5	749,408	121	NA	6.1
150 percent of needs budget CAP and disregards order changed:							
November 19, 1981	10,762	1,470	13.7	581,753	NA	349	6.1
4-mo. limit on $30 plus ⅓:							
Mar. 15, 1982	10,807	985	9.1	299,992	153	356	7.5
May 12, 1982	10,727	914	8.5	261,381	182	356	7.9
June 1982	10,644	864	8.1	244,008	143	356	8.0
July 1982	10,575	779	7.4	213,001	136	358	8.0
Augist 1982	10,686	795	7.4	222,993	94	358	8.3
September 1982	10,797	797	7.4	232,321	106	359	8.7
October 1982	10,749	777	7.2	210,723	94	359	9.0
November 1982	11,014	884	8.0	225,984	116	358	8.8
December 1982	11,271	930	8.3	245,321	131	357	8.6
Grant recalculation:							
January 1983	11,519	1,012	8.8	275,846	112	362	8.7
Febuary 1983	11,666	1,062	9.1	301,231	109	360	8.5
March 1983	11,998	1,221	10.2	327,848	80	360	8.8
April 1983	12,190	1,299	10.7	369,590	108	358	8.8
May 1983	12,253	1,353	11.0	390,490	151	357	8.8
June 1983	12,126	1,389	11.5	419,166	202	355	8.2
July 1983	12,097	1,447	12.0	430,303	186	354	7.7

ATTACHMENT A.—AFDC CASELOAD, EARNED INCOME AND AVERAGE GRANT AND CHANGES IN FINANCIAL WORK INCENTIVES—Continued

Date	AFDC cases [1]	Earned income cases [1]	Percent	Gross earned income [1]	No. EI cases closed [2]	Average adjusted AFDC grant [3]	Unemployment rate
August 1983	11,905	1,485	12.5	475,571	197	352	7.2
September 1983	11,924	1,598	13.4	524,493	NA	350	7.1

[1] AFDC cases, earned income cases, and gross earned income are from monthly AFDC earned income—point-in-time reports.
[2] Number of earned income cases closed each month are from the special earned income report WE 181975.
[3] The AFDC grant amounts have been adjusted to discount the effect of grant changes which occurred during the period. For August 1983, the actual average point-in-time AFDC grant was $5,319.
[4] The AFDC caseload figures for December 1980 and February 1981 include AFDC–UP cases.

Chairman **MILLER**. Thank you.

We will now hear from Ms. Robin Page, president of the University of Utah Single Parents Association.

STATEMENT OF ROBIN A. PAGE, PRESIDENT, UNIVERSITY OF UTAH SINGLE PARENTS ASSOCIATION

Ms. **PAGE**. Thank you for the opportunity to speak to you today. I hope that I can provide you with information that will enable you to better understand the needs and concerns of single-parent families.

I have been a single parent for approximately 5 years. I have two sons, ages 4 and 6. I have received public assistance for my family for about 3½ of the last 5 years.

My family has utilized a number of available programs. Some of the better services have been: WIC, Head Start, section 8 housing assistance, medicaid, and vocational rehabilitation. I appreciate the help that these and other programs have given to us.

While on assistance and pregnant with my second child, I realized two things: First, that I would probably never receive any child support; and second, that if I had the total responsibility to provide for my children, I needed more job skills and education to increase my earning ability.

My determination to obtain a college degree took me back to school when my newborn child was 4 days old. The last 4 years have proven to be a constant struggle. The social service programs that I have had to rely upon to help me attain my goal of self-sufficiency have often worked against my efforts. Instead of encouraging self-sufficiency, the programs tend to reward dependency through regulations that sanction those efforts and that make basic survival needs too difficult to obtain. Let me give you several examples.

First, current Federal regulations require all students receiving Aid to Families with Dependent Children, AFDC, to register for the WIN program. WIN regulations allow clients to be in education and training programs for only 1 year. They encourage clients to obtain training in traditional low-paying clerical and secretarial types of programs. At the end of the year, if the student chooses to continue in the training program, WIN requires that we secure part-time employment, other than a work/study job, or the adult portion of the AFDC grant is sanctioned. We are thus forced to become full-time students, part-time workers, full-time mother, father, homemaker; and study time becomes so scarce that it is next to impossible to keep up with assignments and get good grades.

I am grateful that this regulation was not binding on parents with children under age 6 when I started back to school. I am certain that if the current policy had been in effect, I would have postponed my schooling and my attempt at self-improvement and eventual self-sufficiency.

Second, all student loans, grants and scholarships affect eligibility for food stamps, and in some cases AFDC. This quarter, I received a guaranteed student loan for $839. After required bank fees and loan insurance, I received a check for $781. However, the original amount of $839 counted against my food stamp eligibility. The only allowable deduction from all sources of student aid is tuition. No deductions are allowed for other mandatory expenses such as books, fees, supplies, copying services, child care or transportation.

Based on the $839 loan amount, my food stamps were reduced from $119 to $54 per month. Because the quarter started the last week of September, the social service worker was allowed to backdate eligibility calculations to September 1, even though I did not receive my loan until October. I have now been charged with a $65 food stamp overpayment for September. The current $65 a month reduction in my stamps for October through December has effectively forced me to use an additional $195 of my $781 loan to buy groceries for my family that would otherwise have been provided with food stamps.

My net food stamp loss for this quarter is $260. During the present school year, I will borrow approximately $900 of my total $2,500 loan to purchase food. I must repay this amount at 9 percent interest. Interest charges for the first year alone will be over $80 just to cover the $900 amount for groceries.

Third, there is a serious lack of adequate, affordable, and easily accessible child care, especially infant and toddler care. For a year, I had to drive 40 miles a day to take my infant son to a title XX licensed child care provider. Several times I was nearly forced to terminate my schooling because I had no infant care. Had I been employed and had this problem, I would surely have lost my job.

Also, there is no care available for a sick child. I have often missed exams and have had to take incomplete grades because of a sick child. In April 1982, while working full time, both of my children became ill with chicken pox. I was forced to miss nearly 3 weeks of work. Fortunately, I had an understanding boss who did not fire me.

Fourth, I plan to graduate from the university in June. I am hopeful that I will enter the work force at a high level of income. However, if I do not, I will be faced with the 4-month limit on the $30 one-third working recipient program. This limit and the cap at 150 percent of the basic needs standard have negatively affected many of my friends. Many of them have also suffered serious hardships due to retrospective budgeting. These programs should help—not hinder—self-sufficiency efforts.

I could give you many other examples of policies that work against self-sufficiency efforts, but time will not permit it.

I would like to share with you one quick story about a woman that lived in university housing with me a couple of years ago. She was a single parent on assistance. She had one child. She was struggling to get through school, and finally after a lot of work from a lot of people, she decided her best option was to drop school and to stay on welfare for a little while and look for employment. She moved out of student housing into a slum apartment because that was all she could afford. Within months, she began to physically abuse her daughter. Her daughter was placed in foster care, and this summer, that woman committed suicide.

Many of the Federal programs that are supposedly designed to help single parents become self-sufficient do not work. Many programs need to be carefully examined and changed to better provide the temporary support systems necessary to help clients achieve their goals.

The road to total self-sufficiency is long and hard, but I firmly believe that the majority of single parents want to become self-sufficient. Being dependent upon the system, or other people, destroys our self-esteem, blurs our dreams for tomorrow, and keeps many of the leaders of the future locked in the depths of poverty.

I ask, for myself and millions of mothers like me, that our Nation take a second look at today's single-parent families and their needs and goals. Please help us to help ourselves.

Thank you.

The Chairman. Thank you, Robin.

[Prepared statement of Robin A. Page follows:]

Prepared Statement of Robin A. Page, Salt Lake City, Utah

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My determination to obtain a college degree took me back to school when my newborn child was four days old.

The last four years have proven to be a constant struggle. The social service programs that I have had to rely upon to help me attain my goal of self-sufficiency have often worked against my efforts. Instead of encouraging self-sufficiency, the programs tend to reward dependency through regulations that sanction those efforts and that make basic survival needs *too* difficult to obtain.

Let me give you several examples:

1. Current federal regulations require all students receiving Aid to Families With Dependent Children (AFDC) to register for the W.I.N. program. W.I.N. regulations allow clients to be in education and training programs for only one year. They encourage clients to obtain training in traditional low paying clerical and secretarial types of programs. At the end of the year if the student chooses to continue in the training program, W.I.N. requires that we secure part-time employment, other than a Work Study job, or the adult portion of the AFDC grant is sanctioned. We are thus forced to become full-time students, part-time workers, full-time mother, father, and homemaker, and study time—becomes so scarce that it is next to impossible to keep up with assignments and get good grades. I am grateful that this regulation was not binding on parents with children under age six when I started back to school. I am certain that if the current policy had been in effect I would have

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3. There is a serious lack of adequate, affordable, and easily accessible childcare, especially infant and toddler care.

For a year I had to drive forty miles a day to take my infant son to a Title XX licensed childcare provider. Several times I was nearly forced to terminate my schooling because I had no infant care. Had I been employed and had this problem I would surely have lost my job.

Also, there is *no* care available for a sick child. I have often missed exams and have had to take incomplete grades because of a sick child. In April, 1982, while working full-time, both of my children became ill with chickenpox. I was forced to miss nearly 3 weeks of work. Fortunately I had an understanding boss who did not fire me.

4. I plan to graduate from the University in June. I am hopeful that I will enter the workforce at a high level of income. However, if I do not I will be faced with the four month limit on the 30⅓ working recipient program. This limit and the cap at 150% of the Basic Needs Standard, have negatively affected many of my friends. Many of them have also suffered serious hardships due to retrospective budgeting. These programs should *help not hinder* self-sufficiency efforts.

I could give you many other examples of policies that work against self-sufficiency efforts, but time will not permit it.

Many of the Federal programs that are supposedly designed to help single parents become self-sufficient *do not work!* Many programs need to be carefully examined and changed to better provide the temporary support systems necessary to help clients achieve their goals.

The road to total self-sufficiency is long and hard, but, I firmly believe that the majority of single parents want to become self-sufficient. Being dependent upon the system, or other people, destroys our self-esteem, blurs our dreams for tomorrow, and keeps many of the leaders of the future locked in the depths of poverty.

I ask, for myself and millions of mothers like me, that our nation take a second look at today's single parent families and their needs and goals.

Please help us, to help ourselves.

Thank you!

The CHAIRMAN. Suzanne Clow.

STATEMENT OF SUZANNE L. CLOW, ASSOCIATE DIRECTOR, CHILD CARE PROGRAM, PHOENIX INSTITUTE, SALT LAKE CITY

Ms. CLOW. I am going to be speaking on child care in the State of Utah.

Child care is a community and workplace issue. For too long, we have let child care issues confuse and divide us, because they are connected with our personal values system. This system says that women stay home to raise children, that we are the best qualified for the job, and that we do it without financial compensation. As a woman, a mother, and a worker, I believe that discrimination against women and children perpetuates the notion that child care is too complex to deal with.

The issue of what child care costs and should cost derives from the fact that women have cared for children over the years for no pay, so why should it cost now, and why so much? Can't women provide that service free for each other? It is a discrimination issue that has drawn parents and child care providers into a catch-22 situation where parents say they cannot afford child care, yet they want quality care; providers say they cannot provide a quality service unless they charge fees that allow them to pay decent wages and benefits to qualified staff.

This society keeps child care under wraps, makes it as invisible as possible, so we do not have to deal with it. Let me give you some examples.

The prime one is that 80 percent of child care is still provided "underground" in unlicensed care; employers say that work and family do not come together; society says it is a women's issue; politicians do not understand the need or experience it themselves and cut funding short; parents are too new as child care consumers to advocate strongly for their children's needs; schools do not want to think about extended child care programs because current budgets are inadequate.

Child care is always someone else's problem. Consequently, lack of ownership keeps us all free of solutions.

I am here to give you a brief picture of what Utah's child care needs are, what some of the problems are, and what has to change so we can get on with raising healthy children. I, for one, am tired of the "it's too complex" block and am ready to move on to creative problem solving. My hope is that this committee will hear what I say today and move with me.

Today, 52.4 percent of Utah women, between 16 and 64, work outside their homes. By 1990, if the trend continues, 70 percent will work. Women go to work first and foremost to pay the bills, according to a General Mills study on "Families at Work." Did you know that 9 out of 10 of these women will work 27.6 years of their lives? Well, it is true, according to a Department of Labor study. It puts the myth of "women only work until * * *" to rest at last.

The majority of Utah working women are members of two-paycheck families—the characteristic family in the United States today. In fact, less than 10 percent of families fit the traditional nuclear family with a father working outside the home and a dependent wife and two children in the home.

The 104,000 children of working Utah mothers need a wide variety of services, depending on age, health, and abilities. However, there are only 14,000 licensed child-care slots statewide—7,000 each in homes and centers. The remaining 90,000 children are in unlicensed care or on their own.

This makes for some pretty sobering problems across the State. Most notably, there simply is not enough licensed child care that the State can monitor and parents can trust. Potential providers need information on the benefits of being licensed.

Special problem areas include infant care, sick-child care, and extended child care for latch-key children. Infant care is critically short. There are currently 95 infants on a waiting list for placement in child care whose parents work in downtown Salt Lake City. There are now two infant care centers in Salt Lake City, but the cost and minimum number of children limit their use. More and more existing centers are adding infant care when possible.

Department of social services, along with providers and parents, needs to look at developing incentives for recruiting more infant care.

There is no sick-child care service available to parents. Families have to rely on their informal and often unreliable provider network since licensed providers cannot take sick children. The negative costs to families, employers, and ultimately the community, are high when children are sick—parents overuse precious vacation and often jeopardize jobs when there is no leave policy for sick children. Businesses can be crippled, particularly during winter, when too many parents are absent with sick children. Employers might think of setting up a sick-child care program as one innovative employer has done on the east coast.

There are some extended child care programs being run through child care centers and boys and girls clubs throughout the State. But with so many working parents, all children go to school eventually, and this neglected population needs attention. At one time, the neighbors watched out for these children, until they went to work, too.

Now we give them a key to let themselves in the house—latch-key children—where they may or may not be when the parent comes home. In the meantime, office telephones ring off the wall at 3 p.m., and productivity goes down as parents help ground their children in activities until they get home. The negative costs to the community and the workplace for not dealing with latch-key children are limitless and already adding up, most disturbing of which is the legacy of their childhood experiences during these long, unsupervised times which they will pass on to their children. Where do we begin to change, if not with our children?

Child-care cost is another problem for Utah. The service is expensive, yet providers—mostly women—seldom make a profit. In 1981, average salaries for lead teachers/directors were $4.14 an hour; for teachers, $3.53 per hour; for aides, $3.15 per hour. Providers earn substandard wages; they rarely receive retirement, health benefits, paid vacation, or job security, while working long hours. In a sense, these providers are subsidizing parents who are working and training at the provider's financial expense.

Child-care costs for parents is a major determining factor in where they place their children. Families can afford to spend 10 percent of the budget on child care. It is the fourth largest expenditure after food, shelter, and taxes. In reality, most families need to spend 25 to 50 percent of their budget when more than one child needs care. Cost ranges from $5 to $12 per day per child depending on many variables. Department of social services reimburses $7.50 per day for infants and preschoolers in centers, $6.25 per day for preschoolers, and $7.50 per day for infants in homes for AFDC children. Private paying consumers have to pay this minimum rate, and often more.

The State has a problem paying for child care for all the families who qualify. Currently, we are over budget and will need a supplemental budget of $800,000 to close out the fiscal 1983-84 year. The reason for the overexpenditure is directly the result of the new grant recalculation for AFDC working families which gives families a financial incentive to go to work.

It is critical to find new funding sources to put more child-care services in place throughout the State, and to subsidize them. One of those sources is the private sector. It is imperative that State government stand behind its efforts over the last 5 years in helping to develop private sector child-care programs and continue offering consulting free of charge to employers.

My greatest challenge working with employers and parents is to dispel the myth that onsite child care is the only way to sponsor child care, when, in fact, there are many other creative options that are cost-effective. A voucher system, for example, is set up by an employer to help pay for part or all of the cost of care to the parent or provider. I believe that a voucher benefit can stretch the dollars to help pay for a lot more child care than one onsite center could.

Utah employers are now helping to sponsor child care options. They include Mountain Bell, with an in-house child care resource and referral service for their downtown Salt Lake employees. Utah Issues has a flexible benefit plan which includes the child care component. Ashton Oil has a reserved slot/voucher benefit plan. Community support, also very critical to the financial support to the child care delivery system, is now becoming a reality in Salt Lake City. The Salt Lake Junior League, following a national trend, will open a national computerized service in Salt Lake free of charge to parents and employers in March 1984. This greatly enhances the development of employer-sponsored child care options for the Salt Lake area.

My recommendations for change include continued education for all sectors of the community about what the needs are for child care and each sector's responsibility in making change. It is absolutely critical that working parents be very well educated so that they can begin to convince their employers from the inside of the workplace about their own needs. They are much, much more effective than someone coming in from the outside, we have learned.

Both the State legislature and the Federal Government need to become more realistic in funding child care and child-related programs. Specifically, the Utah State Legislature needs to increase provider fees, continue funding the business and child care project, strengthen the child support payment system, build a bigger school budget to include extended child care programing and eventually pass a child care tax credit for working parents.

The Federal Government needs to continue and increase child care food programs, fund the model projects to develop employer-sponsored child care programs and deal with the special needs of the sick child program, infant care and extended care programs and strengthen the child support payment system and restore some financial work incentives.

It is time for some long-range planning, as someone mentioned early this morning, as opposed to the short-range crisis kind of operation. We are simply operating at a level that is not working. Our goal must be to develop a multiple funding base and a problem-solving mechanism in this State.

Thank you.

[Prepared statement of Suzanne Clow follows:]

PREPARED STATEMENT OF SUZANNE CLOW, ASSOCIATE DIRECTOR, CHILD CARE PROGRAM, PHOENIX INSTITUTE, SALT LAKE CITY, UTAH

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This society keeps child care under wraps, makes it as invisible as possible so we do not have to deal with it. Let me give you some examples. The primate one is that 80% of child care is still provided "underground" in unlicensed care; employers say that work and family do not come together; society says it is a woman's issue; politicians do not understand the need or experience it themselves and cut funding short; parents are too new as child care consumers to advocate strongly for their children's needs; schools do not want to think about extended child care programs because current budgets are inadequate.

Child care is always someone else's problem. Consequently, lack of ownership keeps us all free of solutions.

I am here to give you a brief picture of what Utah's child care needs are, what some of the problems are, and what has to change so we can get on with raising healthy children. I for one am tired of the "it's too complex" bloc and am ready to move on to creative problem-solving. My hope is that this Committee will hear what I say today and move with me.

Today, 52.4% of Utah women, between 16 and 64, work outside their homes. By 1990, if the trend continues, 70% will work. Women go to work first and foremost to pay the bills, according to a General Mills study on *Families at Work*. Did you know that 9 out of 10 of these women will work 27.6 years of their lives? Well it is true, according to a Department of Labor study. It puts the myth of "women only work until . . ." to rest at last.

The majority of Utah working women are members of two-paycheck families—the characteristic family in the U.S. today. In fact, less than 10% of families fit the traditional nuclear family with a father working outside the home and a dependent wife and two children in the home.

The 104,000 children of working Utah mothers need a wide variety of services, depending on age, health and abilities. However, there are only 14,000 licensed child care slots statewide—7,000 each in homes and centers. The remaining 90,000 children are in unlicensed care or on their own.

PROBLEM AREAS

This makes for some pretty sobering problems across the state. Most notably, there simply is not enough licensed child care that the State can monitor and parents can trust. Potential providers need information on the benefits of being licensed.

Special problem areas include infant care, sick child care and extended child care for latch key children. Infant care is critically short. There are currently 95 infants on a waiting list for placement in child care whose parents work in downtown Salt Lake City. There are now two infant care centers in Salt Lake City, but the cost and minimum number of children limits their use. More and more existing centers are adding infant care when possible. Department of Social Services, along with providers and parents, needs to look at developing incentives for recruiting more infant care.

There is no sick child care service available to parents. Families have to reply on their informal and often unreliable provider network since licensed providers cannot take sick children. The negative costs to families, employers and ultimately the community, are high when children are sick—parents overuse precious vacation and often jeopardize jobs when there is no leave policy for sick children; businesses can be crippled, particularly during winter, when too many parents are absent with sick children. Employers might think of setting up a sick child care program as one innovative employer has done on the East Coast.

There are some extended child care programs being run through child care centers and boys-and-girls clubs throughout the state. But with so many working parents, all children go to school eventually and this neglected population needs attention. At one time the neighbors watched out for these children, until they went to work too.

Now we give them a key to let themselves in the house (latch-key children) where they may or may not be when the parent comes home. In the meantime office telephones ring off the wall at 3:00 p.m. and productivity goes down as parents help ground their children in activities until they get home. The negative costs to the community and the workplace for not dealing with latch-key children are limitless and already adding up, most disturbing of which is the legacy of their childhood experiences during these alone, unsupervised times which they will pass on to their children. Where do we begin to change if not with our children?

Child care cost is another problem for Utah. The service is expensive, yet providers, mostly women, seldom make a profit. In 1981, average salaries for lead teachers/directors were $4.14/hour; for teachers, $3.53/hour; for aids, $3.15/hour. Providers earn sub-standard wages; they rarely receive retirement, health benefits, paid vacation or job security while working long hours. In a sense these providers are subsidizing parents who are working and training at the provider's financial expense.

Child care costs for parents is a major determining factor in where they place their children. Families can afford to spend 10% of the budget on child care. It is the fourth largest expenditure after food, shelter and taxes. In reality, most families need to spend 25%-50% of their budget when more than one child needs care. Cost ranges from $5.00 to $12.00 per day per child depending on many variables. Department of Social Services reimburses $7.50/day for infants and pre-schoolers in centers, $6.25/day for pre-schoolers and $7.50/day for infants in homes for AFDC children. Private paying consumers have to pay this minimum rate and often more.

The state has a problem paying for child care for all the families who qualify. Currently we are over budget and will need a supplemental budget of $800,000 to close out the fiscal 1983-84 year. The reason for the over-expenditure is directly the result of the new grant recalculation for AFDC working families which gives families a financial incentive to go to work.

It is critical to find new funding sources to put more child care services in place throughout the state and to subsidize them. One of those sources is the private sector. It is imperative that state government stand behind its efforts over the last five years in helping to develop private sector child care programs and continue offering consulting free of charge to employers.

There are several innovative employers in Utah who are sponsoring/supporting child care options. Mountain Bell, Salt Lake City, has an in-house child care resource and referral service for its downtown employees. They are in the process of extending the service to the Ogden and Provo employees. This service lists licensed home and center providers. It is up to the parent to shop for and choose the care that is best for their child. Mountain Bell is not liable for problems that occur.

Utah Issues, a non-profit organization in Salt Lake City, has set-up a flexible benefit plan which includes a child care component, which if chosen, pays 50% of the cost of child care. As a tax-exempt organization, they do not benefit from the tax law, but rather see it as a way of retaining trained, valued employees.

Ashton Oil, Heber, Utah, has set-up a reserved slot/voucher child care benefit for its employees. The employer has a regular commitment to pay a certain amount per month to the existing child care community.

I feel very good about the positive steps we have taken forward with employer-sponsored child care. Community support, also very critical to the financial support of the child care delivery system, is now a reality. The Salt Lake Junior League, following a national trend, will open a computerized child care resource and referral service free of charge to parents and employers in March 1984. This will help parents with the frustrating problem of finding care and will leave employers free to focus on setting-up options to help pay for the child care. An up-to-date referral service is a critical link in the child care delivery system.

RECOMMENDATIONS FOR CHANGE

Before change is possible, people have to have information and a reason for change. All sectors within the State of Utah—private, public, legal, educational—have to understand the depth of the problem and what their responsibilities are in the change process.

We need a grassroots groundswell of educated parents to move into the workplace from the inside and convince employers to sponsor child care options. The state government must stay on the leading edge of innovative employee benefits by modeling a flexible benefit plan, including a child care option. Schools have to know that they are part of the solution and work cooperatively with the community on shared funding/responsibility for extended child care programs. Nothing less than a statewide solution will do for our latch-key children. Utah legislators must move beyond their personal value system and hear the reality of a changed workforce and the direct correlation between quality, affordable child care and healthy, economically self-sufficient families.

Along with on-going education is the need for increased funding support. The Utah State Legislature needs to: fund realistic child care budgets, increase provider fees, build in bigger school budgets to include exteneded child care programming, continue funding the Business and Child Care project, strengthen child support payment system, fund a child care program for state employees, pass a Utah child care tax credit for working parents.

The Federal Government needs to: strengthen the child support payment system, continue and increase child care food program, fund model projects to set-up employer sponsored child care options, fund model projects for critical needs of infant care, sick child care and extended child care, increase child care budget, restore financial work incentives, i.e., elimiante the 4 month limit on $30 + ⅓ earned income disregard.

Developing a multiple-funding base and problem-solving mechanism is our goal, part of a long-term planning approach that must begin now. Respectfully submitted,

Chairman MILLER. Thank you.

We will hear from Mr. William Furlong, who is the chief of the Nevada child support enforcement program in Reno.

STATEMENT OF WILLIAM F. FURLONG, CHIEF, NEVADA CHILD SUPPORT ENFORCEMENT PROGRAM, RENO, NEV.

Mr. FURLONG. Mr. Chairman and members of the committee, I want to express my appreciation to Congresswoman Barbara Vucanovich and the House Select Committee on Children, Youth and Family for inviting me to share my thoughts on child support enforcement.

It was the U.S. Congress in 1974 that identified the child support as a serious social problem within our country. It was because of your efforts that the title IV-D program was opened in the State of Nevada, and I am happy to report that that program is functioning quite well and increasing its collections every year.

The program is not only increasing its collections to the Nevada AFDC program, where we have increased our collections by 343 percent, but we have also increased the number of paternities established. That was practically nonexistent prior to the title IV-D Act being implemented from 12 a year to in excess of 500 paternities established each year.

We have worked quite hard in the area of providing services to non-AFDC clients by collecting over $4.5 million in such payments, or $1.80 collected in non-AFDC payments for every $1 collected in AFDC. We have complied with Congress' intent of cooperating with other States by collecting over $3.9 million for other States, which equals $1.89 collected for every other State for every $1 they collected for the State of Nevada.

We are proud of the progress that has been made by the Nevada government, but our intent is improving on the production and cost-effectiveness of this program, and we believe that that is possible through the proper functioning of the automated system, the increased utilization of the current master system, increased utilization of wage withholding or wage assignments, and greater cooperation between the States in interstate cases. And if you look at the issues that we have addressed here, they come very close to following the line of those issues addressed by the House committee in H.R. 4325.

My sole intent in appearing before you today is to testify on behalf of that bill. We think that it has many positive measures that would improve the child support program nationally. I have raised two issues in my detailed analysis that you already have, and in the interest of time I would like to leave those for you to read without specifically raising the issues of those two particular sections of the act.

Thank you very much.

[Prepared statement of William Furlong follows:]

PREPARED STATEMENT OF WILLIAM F. FURLONG, CHIEF, CHILD SUPPORT ENFORCEMENT PROGRAM NEVADA WELFARE DIVISION, RENO, NEV.

I want to express my appreciation to Congresswoman Barbara F. Vucanovich, and to the House Select Committee on Children, Youth and Family, for inviting me to share my thoughts and concerns on Child Support Enforcement matters. I would also like to thank their staff for the kind assistance they have provided me.

Non-support is one of the most critical problems faced by our society today, and children are paying the costs in medical care, remedial assistance, and sometimes in their basic subsistence.

The state and local governments were responsible for the enforcement of support, but they failed to provide planning, management, or even suffient resources for enforcement in most states. Congress rightfully intervened into this crisis in 1975, when it enacted Public Law 93-647, which established the Title IV-D Program. This Act required a statewide program with adequate staffing to represent both AFDC and non-AFDC families. It also required cooperation between the states.

Nevada implemented its Child Support Enforcement Program in July 1976. We have received enthusiastic support from the Executive, Legislative and Judicial branches of government, and the Program has responded with significant increases in paternity determinations and collections. We have followed the Congressional mandate that Title IV-D services be available to all custodial parents inside and outside our state.

The degree of our effectiveness is best demonstrated by the achievements made during the past seven years:

1. Legislative enactment of every major legislative proposal made since 1977, including a new Parentage Act and more effective enforcement measures.
2. Increased Nevada AFDC collections by 343% between the 1977 FY and the 1983 FY; and, increased the total collections actually made in Nevada by 78% between the 1980 FY and the 1983 FY (see Exhibit #2 for collections reports).
3. Increased paternity determinations from 12 during the 1978 FY, to 525 during the 1982 FY.
4. Complied with Congressional intent of providing services to non-AFDC clients by collecting $4,501,044 in such payments, or $1.80 in non-AFDC collections for every $1.00 in AFDC collections.
5. Complied with Congressional intent of cooperating with other states by collecting $3,996,372 for other states which equals $1.89 collected for other states for every $1.00 collected for Nevada (see Exhibit #2 and #3).

We are proud of the progress made by Nevada units of government, but we are intent in improving on our production and cost-effectiveness. We believe this is possible, through:

1. Proper functioning of the Program's Automated System.
2. Increased utilization of the Court's Master System.
3. Increased utilization of the Wage Assignment process.
4. Greater cooperation between states in interstate actions.

The goals of the Title IV-D Program are too important to the children and our society for us to fail in this quest. I believe the collection potentials are available and the system is improving its ability to reach these potentials. I also believe some of the provisions of the "Child Support Enforcement Amendments of 1983" will assist us in improving enforcement systems if we apply them uniformly and with reasonableness.

The Child Support Enforcement Program faces a number of artifical barriers to effective and efficient enforcement of non-support matters. Among these, are:

I. Lack of Management Data: (A) No valid evaluation instrument; (B) Case Management; (C) Case Tracking; and (D) Financial Accounting.

II. Locate Problems: (A) No Uniform Locate Services Between states; (B) Continually absconding absent parents.

III. Evidentiary Problems: (A) Custodial parent generally not present in court; (B) Needs of child(ren) generally not addressed; and (C) Poor Financial Assessments.

IV. Lack, or poor selection, of enforcement remedies:

V. Inadequate and unstable resources:

VI. Lack of uniformity between the various states: (A) Locate Resources; (B) Service of Process Policies; (C) Legal remedies; (D) Evidentiary problems; (E) Lack of timely notice for appeals; and (F) Case Prioritization.

VII. Inadequate Court Time: (A) Family Court; (B) Mediation; and (C) Quasi-Judicial/Administrative Processes.

VIII. Non-Cooperation by Custodial Parents.

IX. Social Prejudice: (A) Visitation; (B) Custody; and (C) Ability to Pay.

H.R. 4325 will not solve all of the problems, but it certainly recognizes the importance of support to all children, the interstate nature of the problem, the need to identify and evaluate the system, and the critical role enforcement plays in gaining timely and regular support.

There are two sections within the Bill which I would like to address specific comments:

I. SECTION 6. INCENTIVE PAYMENTS TO STATES

A. There appears to be a conflict in the definition of what collections make up a state's AFDC collection total which relates to the 125% cap on non-AFDC incentives.

1. Section 6(a), Paragraph 1, Page 17, defines a state's AFDC collections as, "cases in which the support obligation involved is assigned to the state pursuant to Section 402(a)(26).

2. Section 6(a), Paragraph 2, Page 17, defines a state's non-AFDC collections as, "the total amount of support collected during the fiscal year in all other cases."

3. Section 6(a), Page 19, states, "In computing incentive payments under this section, support which is collected by one state on behalf of children residing in another state shall be treated as having been collected in full by each such state."

My question is, does a state receive credit for the AFDC collections made for another state, and they are added to that state's AFDC collection total for the purpose of determining incentives? This is important to my state because we collect almost as much for other states as we recover for our own state:

Collected	1983 fiscal year Nevada AFDC	1983 fiscal year AFDC collected/other States	Percent of total
By Nevada counties	$859,121	$1,182,741	43.7
By State program	448,483		
By other States	215,573		
Total	1,523,177		

II. SECTION 12, MODIFICATIONS IN CONTENT OF SECRETARY'S ANNUAL REPORT

A. We concur in the need for information to evaluate the system, but the administrative costs of complying with this requirement will be damaging to the Program and its collections. This is particularly true in states and counties that do not have automated systems to compile the data. In a small state like Nevada, we would have to review over 17,180 cases at the county level plus an additional 11,356 cases at the state level. Line staff would have to be taken off collection duties to compile such data. We recommend this reporting requirement be performed on a special study basis, no more frequent than every three years.

I want to thank the Members of this Subcommittee, and your Staff for the patience and assistance you have so graciously provided. The Nevada Administration extends its commendations to the entire Congressional Body, and the President, for your recognition of the needs of dependent children.

Chairman **Miller**. Thank you.

Next, the committee will hear from Judge Merrill Hermansen, who is from the Third District Juvenile Court of Provo, Utah.

As I understand it, Judge Hermansen, David, who testified here earlier, was one of your charges.

STATEMENT OF JUDGE MERRILL L. HERMANSEN, THIRD DISTRICT JUVENILE COURT, PROVO, UTAH

Judge **Hermansen**. Yes, he was. And he has changed, and I am proud of him. I told him so.

Chairman **Miller**. I am glad that someone had the foresight to divert him out of the justice system to a program that would provide him with the resources so that he could make some of those decisions.

Judge **Hermansen**. Thank you.

Chairman **Miller**. Thank you.

Judge **Hermansen**. Mr. Chairman and members of the committee, it is an honor to be asked to come and testify before you today. My focus this afternoon is on child abuse and neglect.

Considering the many cases of child abuse and neglect that I have adjudicated in 21 years as a judge in the juvenile court in Utah, I have come to the conclusion that this problem really poses a major threat to our way of life in this Nation. After serving nearly 1 year as a member of the National Advisory Council on Child Abuse and Neglect, I know that we are placing greater emphasis on preventive action and preventive programs, but we still identify programs as preventive when, in fact, the program usually is not activated until there is an incident of abuse or neglect upon which to focus. I suppose that if by our intervention we prevent future abuse or neglect in these families that have attracted our scrutiny, that we may call the program preventive.

However, I hope that as we move on, we might move our prevention efforts up to an act earlier in the causation scale or sequence of events. Clearly, we have made great progress in creating a public awareness of this national hazard called child abuse, but in making the public aware of the problem I submit we have not really struck a blow at the root of the problem.

I have noticed that most of the parents who appear in court have attitudes and lifestyles that would make them not likely to be reached through education programs at the public meeting such as PTA or any other general public approach. Let's be honest; there are a lot of abuse cases that never come to our attention officially or anywhere.

Even so, most of the parents respond and adjust in a constructive manner when ordered by court order. Also, we must note that the majority of referrals for child abuse and neglect do not require court intervention. While I see a lot of abuse and neglect cases in court, there are a large number of cases that I never see in court. So we can't identify the problem or measure the problem by court statistics alone.

I think a majority of the referrals for child abuse and neglect do not require court intervention. This indicates that the majority of cases respond to rather voluntary dialog and counseling from the child protective efforts of the social service agencies.

In addition, it is rather obvious to the professional that we have many cases where serious and destructive child abuse and neglect takes place, but there is not any notification to any public agency.

There is an urgent need for this national society to create or stress a national ethic of kindness to and proper care for children. There have been other cultures where the existence of this same attitude toward children has been noted where there has existed a low juvenile delinquency incidence.

I believe that the only practical and effective place for such information to be disseminated and attitude created is in our schools. Incidentally, as I looked over the panels that you have, I didn't see any public school educators. Maybe that is because I haven't been here long enough today. But I think that is interesting.

I believe that children can and need to be taught the dynamics of family relationships. This needed program must extend beyond the usual parenting classes. Children from the beginning must be taught consequences of violence and improper sexual conduct.

Some would be concerned that when we invade this area of interaction and knowledge, we would then infringe upon religious and moral teachings. But I would submit that there is an area where we can teach the consequences that are common results of child abuse. We know, for instance, that the majority of the inmates in our prisons have been abused as children. That was a shocking thing for me to learn, but it is a fact.

Many of the teenage children who the juvenile justice system deals with have child abuse or neglect as a root cause of their problems. Other children and adults who become public charges have child abuse or neglect in their backgrounds. Many professionals can identify many individuals who have a very poor quality of life because of child abuse or neglect. These consequences are a reality and should be taught as the real product of inappropriate behavior toward a child.

We have a substantial increase in the number of single-parent families. This is a reality and our children can be made aware of this in such a way that it can influence their future conduct.

Many fathers that I see are stepfathers to the children who appear before the court as needing intervention in their lives by the court or other social agencies. Stepfathers face special problems, but they can be taught the family interrelational problems that will enable them to be better and more effective parents.

We must recognize that our way of life is threatened by these problems and the public body must react for its own protection. Where the stakes are so high, our educational system must respond to this need. I might say categorically that when I talk to the educators, they say, "Judge, how many other things have they told us we must respond to? And, of course, we have to evaluate and weigh the priorities. But I think that the matter has gotten to where it has such tremendous consequences that we have to enlist the aid of our educators.

This alone will not solve the problem, but it can have a great and constructive beneficial effect.

Thank you.

[Prepared statement of Judge Merrill Hermansen follows:]

PREPARED STATEMENT OF JUDGE MERRILL L. HERMANSEN, THIRD DISTRICT JUVENILE COURT, PROVO, UTAH

Considering the many cases of child abuse and neglect that I have adjudicated in 21 years as judge in the Juvenile Court in Utah, I have come to the conclusion that this problem does pose a major threat to our way of life in this nation.

After serving nearly one year as a member of the National Advisory Council on Child Abuse and Neglect, I note that while we are placing greater emphasis on preventive action and preventive programs, we still identify programs as preventive when in fact the program usually is not activated until there is an incident of abuse or neglect to focus upon. I suppose that if by our intervention we prevent future abuse or neglect in these families that have attracted our scrutiny, then in some measure the programs have a prevention aspect.

However, my hope is that we may move our prevention efforts up to act much earlier in causation sequence. Clearly we have made great progress in creating a public awareness of this national hazard called child abuse, but in making the public aware of the problem we have not really struck a blow at the root of the problem.

I have noticed that most of the parents who appear in court have attitudes and lifestyles that would make them not likely to be reached through education programs at the public meeting such as P.T.A. or any other general public approach.

Even so, most of the parents respond and adjust in a constructive manner when ordered by court order. Also, we must note that the majority of referrals for child abuse and neglect do not require court intervention. This indicates that the majority of cases respond to rather voluntary dialogue and counseling from the child protective efforts of the social services agencies.

In addition, it is rather obvious to the professional that we have many cases where serious and destructive child abuse and neglect takes place, but there is not any notification to any public agency.

There is an urgent need for this national society to create or stress a national ethic of kindness to and proper care for children. There have been other cultures where the existence of this same attitude toward children has been noted where there has existed a low juvenile delinquency incidence.

I believe that the only practical and effective place for such information to be disseminated and attitude created is in our schools. I believe that children can and need to be taught the dynamics of family relationships. This needed program must extend beyond the usual "parenting" classes. Children from the beginning must be taught consequences of violence and improper sexual conduct. Some would be concerned that when we invade this area of interaction and knowledge we would then infringe upon religious and moral teachings; but I would submit that there is an area where we can teach the consequences that are common results of child abuse. We know for instance, that the majority of the inmates in our prisons have been abused as children. Many of the teen-age children who the juvenile justice system deals with have child abuse or neglect as a root cause of their problems. Other children and adults who become public charges have child abuse or neglect in their backgrounds. Many professionals can identify many individuals who have a very poor quality of life because of child abuse or neglect.

These consequences are a reality and should be taught as the real product of inappropriate behavior toward a child.

We have a substantial increase in the number of "single parent" families. This is a reality and our children can be made aware of this in such a way that it can influence their future conduct.

Many fathers that I see are step-fathers to the children who appear before the court as needing intervention in their lives by the court or other social agencies. Step-fathers face special problems, but they can be taught the family interrelational problems that will enable them to be better and more effective parents.

We must recognize that our way of life is threatened by these problems and the public body must react for its own protection. Where the stakes are so high, our educational system must respond to this need.

This alone will not solve the problem, but it can have a great and constructive beneficial effect.

Chairman MILLER. Thank you very much.

Next we will hear from Dr. Rita Weiss, who is Assistant Dean for the College of Arts and Sciences, INREAL Project Director, Professor of the Department of Communication Disorders and Speech Science, University of Colorado.

STATEMENT OF RITA S. WEISS, ASSISTANT DEAN, COLLEGE OF ARTS AND SCIENCES, INREAL PROJECT DIRECTOR AND PROFESSOR, DEPARTMENT OF COMMUNICATION DISORDERS AND SPEECH SCIENCE, UNIVERSITY OF COLORADO, BOULDER, COLO.

Ms. WEISS. Thank you, Mr. Chairman. I am delighted to be here and sitting next to Judge Hermansen, who turned to the educators and said, "Where are they?"

Here is one sitting next to you.

We have been talking this morning about the prevention of problems with child abuse and at-risk children, and I want to talk to the committee about a program that I have been involved with that is preventing language and related learning disabilities in preschool children through an early childhood education program. As the Judge knows, learning disabilities are an entry into juvenile delinquency; a lot of juvenile delinquents were learning disabled when they were in the schools.

During the last 10 years, my associates and I at the University of Colorado have been developing, testing and using a particular approach to learning in young children, which is called the INREAL, INclass REActive Language, method. What I am about to report to you about the results of this work is based on a specific study over 3 years with pre- and post-testing and elaborate controls in accordance with the most acceptable social science research techniques. This is not just testimony. This is research.

But it is also based on the experiences of 2,300 teachers and specialists who are using INREAL methods with 30,000 children in 28 States and 7 foreign countries. On the basis of both statistical results and practical experience, I am able to report with a good deal of confidence that: (1) Children in an INREAL setting acquire language faster and better than other children; (2) handicapped and bilingual children make even more progress under INREAL than other children; (3) as a group, INREAL children have fewer problems in learning to read and to write, they have a smaller incidence of learning disabilities, and fewer of them are denied promotion and forced to repeat the same grade; (4) because they have less need for remedial services, they are less costly to the school systems; and, we have computed figures in Colorado to indicate savings of nearly $2,000 per child to school districts.

I have submitted to the committee all of the data and the research that has gone on under separate cover; and

I will not trouble you with the methodology, the rationale or the details of our research. Let me make these points about our study.

Point 1: INREAL studied 581 preschool and kindergarten children in four different Colorado school districts.

Point 2: We followed the children for 3 years after they had left our INREAL classrooms to go on to elementary schools.

Point 3: We looked at the records in those elementary schools to see how many INREAL children were in special education classes for learning disabilities, remedial reading and speech therapy. We also checked how many were repeating grades.

Point 4: We compared the cost for remedial services for matched groups of INREAL and non-INREAL children, using Colorado Department of Education per pupil cost figures for remediation.

These facts added up to a considerable saving in children and in money for the schools using INREAL; and a recent Colorado legislative study on "Effectiveness of Early Special Education for Handicapped Children" corroborated these INREAL findings; that one-third fewer at-risk children need later remedial services if they have early childhood intervention.

What is INREAL? It is an approach to learning which rests on the natural capacity of children to learn for themselves. It creates an environment in which learning can take place naturally and without strain, with the aid of teachers and specialists who are reactive rather than didactic in their approach. It focuses on the acquisition of language, which is the cornerstone on which the whole learning experience is built.

Many of the learning difficulties in children can be traced to the tensions that are built-up as a result of misapplied pressure to learn in preschool and kindergarten classrooms. Children acquire language at different rates and at different ages; and when children are pressured to learn before they are ready, language problems frequently occur. Additional damage may be done when children are singled out and removed from the classroom for conventional speech therapy.

Teachers and specialists trained in the INREAL method allow each child to proceed at a different learning pace. They introduce materials and encourage activities that the child will want to talk about, and they interact with the child as he or she expresses concepts and puts ideas together.

Let me summarize some of the benefits of INREAL. INREAL is nonstigmatizing and does not single out children who are different. The INclass part of INREAL means that the child is not taken out of class and sent to a separate room or clinic to be helped. The special help goes on in the regular classroom and does not appear, either to the child receiving it or to the other children, to be special help.

INREAL does not make unrealistic demands on young children who may be developing language in different ways, and this includes abused children, Hispanic children, children of single parents, migrant worker children. These children are all acquiring language in a different way from the mainstream of the majority culture.

The REActive part in INREAL means that the teacher joins the child at the child's level through genuine listening and conversing interactions. By joining the child at the child's level, the adult earns a right to become the child's model as the child's teacher.

INREAL is good teaching. Teachers trained to use INREAL tell us that they feel good about treating children in this positive, nonmanipulative way. They tell us that all the children in their classrooms are helped, the handicapped and the nonhandicapped alike.

The INREAL method may seem obvious, but, like so many seemingly simple ideas, it is not easy to do. We have a rigorous training program that leads to certification.

In closing, let me thank you for allowing me to share the INREAL program and its impact on education with you. I hope the select committee will be able to use our information and experience to increase the number and quality of early intervention programs for young handicapped children and their families in the Western Mountain region and elsewhere.

[Prepared statement of Rita Weiss follows:]

PREPARED STATEMENT OF RITA S. WEISS, PH. D., INREAL PROJECT DIRECTOR

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2. Handicapped and bilingual children make even more progress under INREAL than other children.

3. As a group, INREAL children have fewer problems in learning to read and to write, they have a smaller incidence of learning disabilities; and, fewer of them are denied promotion and forced to repeat the same grade.

4. Because they have less need for remedial services, they are less costly to the school systems; and, we have computed figures in Colorado to indicate savings of nearly $2,000 per child to school districts.

I will not trouble you with the methodology, the rationale or the details of our research, but let me make these points about our study:

Point 1: INREAL studied 581 preschool and kindergarten children in four different Colorado school districts.

Point 2: We followed the children for three years after they had left our INREAL classrooms to go on to elementary schools.

Point 3: We looked at the records in those elementary schools to see how many INREAL children were in special education classes for learning disabilities, remedial reading and speech therapy. We also checked how many were repeating grades.

Point 4: We compared the cost for remedial services for matched groups of INREAL and non-INREAL children, using Colorado Department of Education per pupil cost figures for remediation.

These facts added up to a considerable saving in children and in money for the schools using INREAL; and a recent Colorado Legislative study on Effectiveness of Early Special Education for Handicapped Children corroborated these INREAL findings.

What is INREAL? It is an approach to learning which rests on the natural capacity of children to learn for themselves. It creates an environment in which learning can take place naturally and without strain, with the aid of teachers and specialists who are reactive rather than didactic in their approach. It focuses on the acquisition of language, which is the cornerstone on which the whole learning experience is built.

Many of the learning difficulties in children can be traced to the tensions that are built up as a result of misapplied pressure to learn in preschool and kindergarten classrooms. Children acquire language at different rates and at different ages; and when children are pressured to learn before they are ready, language problems frequently occur. Additional damage may be done when children are singled out and removed from the classroom for conventional speech thereapy.

Teachers and specialists trained in the INREAL method allow each child to proceed at a different learning pace. They introduce materials and encourage activities that the child will want to talk about, and they interact with the child as he or she expresses concepts and puts ideas together.

Let me summarize some of the benefits of INREAL:

INREAL is non-stigmatizing and does not single out children who are different. The INclass part of INREAL means that the child is not taken out of class and sent to a separate room or clinic to be helped. The "special help" goes on in the regular classroom and does not appear, either to the child receiving it or to the other children, to be "special help."

INREAL does not make unrealistic demands on young children who may be developing language in different ways. The REActive part in INREAL means that the teacher joins the child at the child's level through genuine listening and conversing interactions. By joining the child at the child's level, the adult earns the right to become the child's model as the child's teacher.

INREAL is Good Teaching. Teachers trained to use INREAL tell us that they feel good about treating children in this positive, non-manipulative way. They tell us that all the children in their classrooms are helped, the handicapped and the non-handicapped alike.

The INREAL method may seem obvious but, like so many seemingly simple ideas, it is not easy to do. We have a rigorous training program that leads to certification.

In closing, let me thank you for allowing me to share the INREAL program and its impact on educaton with you. I hope the Select Committee will be able to use our information and experience to increase the number and quality of early intervention programs for young handicapped children and their families in the Western Mountain region and elsewhere.

The CHAIRMAN. Thank you.

Next we will hear from Mr. Douglas Tapking, executive director of the Housing Authority of Salt Lake County in Project PRIDE.

STATEMENT OF DOUGLAS TAPKING, EXECUTIVE DIRECTOR, HOUSING AUTHORITY, SALT LAKE COUNTY; PROJECT PRIDE

Mr. TAPKING. Thank you, Mr. Chairman, for the opportunity to speak to you.

The programs that we have talked about today, everybody has seen and heard of all the problems. I am not going to sit here and reiterate the same information. I want to bring to our attention today a program that I think is rather unique, and it has been termed PRIDE, Parental Resource for Independence, Development and Education. It is a single-parent project.

Some time during 1982, during a routine investigation of our files, we noticed an increase in the number of single female heads of households and an increase in the length of stay in all public housing projects that we currently administer. There was a large concern to us. Our State survey followed this, and we substantiated the State survey based upon a nationwide survey in which we found that trend to be occurring all across the country.

We also noticed several other interesting facts. One of them was that the average length of stay in Utah for a person on public housing is 3½ years. Throughout the rest of the United States, it is somewhere between 10 and 30 years. This trend seems to get even more insidious when you come to realize that some time during the year 2000, 100 percent of the people on welfare or who will be considered to be poor seem to be single female heads of households.

With limited housing and limited resource, we believe that it is important for us to produce the best result for the best dollars spent. In our estimation, a 10- to 30-year life expectancy in public housing or subsidized housing programs was no longer acceptable. In Utah, the direct cost for single female heads of households utilizing the welfare programs, food stamps, medical, and housing, is $13,000. That is a current figure.

Our research indicates that in spite of the billions of dollars that is being expended across the United States, that no single agency, combination of agencies, Government program anywhere in the United States has successfully enabled long-term self-sufficiency for single female heads of household. We were unable to obtain additional funds in order to look any further at this particular problem, so we resorted to utilizing in-house funds to prepare Project PRIDE.

The written documentation that I have presented to you previously gives complete details on a particular program. It is interesting to note that we are attempting to deal with the disincentives that consistently occur through the welfare programs and with the females that are constantly returning to our particular project.

The amount of redtape that is necessary to coordinate a program whereby you integrate the social services program, child care, AFDC and anything else that you can think of is horrendous. The staff that we put together in order to do this did a great deal of shuttle diplomacy. It was necessary to go from house to house, office to office, from the Governor's office to the capital of the United States, in order to secure cooperation to implement this particular program.

The contribution that the Housing Authority of Salt Lake is currently doing is $53,000 in-house. That money is coming from interest earned on investments. There is no Federal dollars involved in this at this particular time. There are no State and there are no county dollars. We expect to run 40 ladies through this particular program by the end of the year.

Our figures indicate today that we will see over $450,000 in cost savings. The entire purpose behind the program is to take the single female head of household who has been through the mill and put her back into society as a productive member working, no longer having to live off of subsidy and no longer having to deal, hopefully, with the continual type of problems that this panel has been presenting to you.

We found that the key to this particular program is not simply providing child care. It is not simply providing housing. But, in fact, it is providing the support necessary for these women to proceed through the program and counseling. These two particular points are critical.

This is a program that can be done. We are doing it now. There are 17 women involved in the program. They are working through the skill center in Salt Lake today. We have worked very closely with the private market in order to determine what skills are necessary for these women to get out into the community and succeed.

In the Salt Lake area, it is necessary for a woman with two children to have a minimum of $800 on a take-home basis in order for them to subside without the continual results of AFDC, food stamps and the rest of the dollars that go into the program. That does not mean unskilled labor.

We can do it. We are doing it. We believe that it can be done throughout the United States.

Congressman Wolf asked earlier what can we do about it? When you go back to your State, I believe very strongly that you should ask your people why aren't you doing this.

Thank you.

[Prepared statement of Douglas Tapking follows:]

PREPARED STATEMENT OF DOUGLAS TAPKING, EXECUTIVE DIRECTOR, HOUSING AUTHORITY OF THE COUNTY OF SALT LAKE, PROJECT PRIDE

I. INTRODUCTION

An extremely disturbing trend is sweeping our country. It has already affected millions of people and threatens to push millions more into economic and social devastation. This tragic dilemma has been termed the "feminization of poverty."

The newest proverty population is mostly made up of single mothers with dependent children. The numbers have risen so dramatically over the past decade, it is predicted that if something does not happen to reverse this trend, by the year 2000 virtually all the nation's poor will be women and children.[1]

We first noticed this problem two years ago when it was apparent our waiting lists were showing disproportionate numbers of single female headed households applying for housing assistance. During 1980 and 1981 this population had increased at four times the rate of other clients. Another disturbing fact was evidenced: The female headed families in our housing units were staying for increasing longer periods of time. The waiting period to get into housing had increased from one year in 1980 to nearly three years in 1982.

As a housing authority, our mission is to provide safe, decent and affordable housing to those in need. In light of the current economy this is becoming more and more difficult. Government subsidies are shrinking just at a time when the population in need is increasing. Instead of serving as interim assistance during times of brief unemployment, housing and other welfare programs are perpetuating long term dependency. This is particularly true of the female single parent family population, whose lack of marketable job skills, child care and a community support system make the transition to independence extremely difficult.

II. PROFILE OF POVERTY POPULATION

To determine who was actually occupying housing units in Salt Lake County we audited our records, conducted extensive interviews, and found that a profile of the "typical" subsidized occupant emerged: She is a single female head of household with an average of two preschool aged children and has resided in one of our units for an average of 3½ years. She is receiving AFDC (Aid to Families with Dependent Children), has limited job skills and is usually there due to a crisis situation (i.e., divorce, loss of job, pregnancy, etc.) Her intention was never to stay permanently but the kind of money she would have to make to equal her housing subsidy, AFDC, medical benefits and food stamps is not within her ability to earn. She will either get married to get out of her situation or she will resign herself to the fact that this is all she will ever have. She may consider what it would take to move back into the mainstream but why risk losing those "sure" benefits? Besides, society dictates that her place is with her children.

We wondered whether our housing statistics were merely a local problem or whether this same situation was being experienced elsewhere. We checked our figures against other areas of the country. In mid-1981 we surveyed over 200 housing authorities nationwide. Results indicated some interesting statistics: The larger the city, it seems, the more severe the crisis. In New York, for example, many families stay in public housing units for 25 years or longer. This means that units are being passed from generation to generation. In some instances, waiting lists in large cities extend more than ten years.

When asked how much the single female parent applicant population had increased in two years the answers across the country varied from 10% to 50%, the average being 25%. A 25% increase in two years was interpreted as a staggering statistic. Comments accompanying the returned surveys stated an acute awareness of the single female parent problem as it affects housing and an eagerness to be informed of any potential solution.

Total costs in Utah to support a welfare family consisting of a single mother with two children

Welfare grant: $367 times 12 mo	$4,404
Food stamps: $195 times 12 mo	2,340

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[1] "The Noveau Poor" *Journal of Marriage and the Family*, May 1977.

Medical card: $155 times 12 mo	1,860
Housing: $366 [1] times 12 mo	4,392
Total	12,996

[1] Housing costs based on 1983 HUD Fair Market Rents.

As indicated in the above figures, welfare and housing programs for non-working single parents are extremely costly, particularly since assistance can continue for many years to one family. The return on this investment is zero.

While it may appear the welfare family is the beneficiary, in reality the reverse is true. The family suffers losses of motivation and self-esteem which further deter the chances for self-sufficiency. According to the 1977 report, *Female-Headed Families: Personal Fate Control and the Provider Role,* "women who must depend on demeaning and unreliable sources of income, as currently exists in the welfare system, are less likely to feel that they have some control over their lives, and by implication, less control over the lives of their dependent children."

A costly byproduct resulting from loss of self-esteem is the increase in crimes of child abuse and alcohol and drug abuse. Welfare statistics also indicate welfare parents produce welfare children and unless the children have strong outside role models, the situation can perpetuate from one generation to the next.

III. PAST ATTEMPTS AT SOLVING THE PROBLEM

The plight of the welfare parent is not new. Billions of dollars went into CETA (the Comprehensive Employment Training Act) and the WIN (Work Incentive) program for job training. The new Jobs Partnership Training Act attempts to target more money for this same purpose. The problem has not disappeared nor has it declined significantly since these programs were implemented, In surveying several of our applicants who had gone through the WIN program some drawbacks were cited as reasons for failure: the training did not result in careers that would enable self-sufficiency; most jobs paid minimum wages. Since training was mandatory, very little self-motivation resulted. Additionally, for those who did achieve limited success, the support counseling services were discontinued upon employment—at the most critical stage of transition. Most ended up back on welfare.

Our research indicated that, in spite of the billions of dollars spent by federal and state governments, no single agency or combination of agencies anywhere in the country had yet come up with a successful program to enable long-term self-sufficiency for women on welfare.

The challenge was open. With a very small staff and extremely limited resources we decided to give it a try. Our theory was that if we could create a program that could break the cycle of dependency for single female parents, we would not only potentially save billions of dollars in taxes, we would help solve our housing crisis as well. The expectation of permanent housing entitlement has only served to move us further and further away from the original goal of the Housing Act. Creating a "flow through" system would alleviate our waiting lists and allow us to serve greater numbers of people in need. It was toward this end that we directed our energies over the next two years.

IV. DEVELOPMENT OF A MODEL PROJECT

Convinced that merely providing shelter does not solve the problems of low income people, we anticipated that we would have to expand our level of services. We hired a social work consultant to examine the problem and recommend possible strategies. This investigation took nearly six months. The final report suggested several key recommendations. These were:

1. That we get considerable input from the women themselves as to what they feel is necessary for them to become self-sufficient.
2. That we solicit community support and utilize existing community resources wherever possible.
3. That we include all the necessary components for a successful program including housing, a short term skills training program that would result in effective job placement, provision of day care services, special support classes and counseling.
4. That we do a complete market analysis to determine what jobs have the most potential for good entry level salaries as well as opportunity for advancement.
5. That we employ a selection system that will screen for motivation.
6. That we negotiate with the Department of Social Services to provide continuation of medical and day care services after employment begins.

7. That we continue to offer counseling and support classes through one full year of employment following training to enable a smooth transition.

8. That we conduct studies on the dependent children of program participants to determine whether they are being affected positively or negatively.

9. That we carefully document and evaluate project findings.

10. That we develop methods to expand the program for future use both locally and for implementation in other geographical areas.

Careful consideration was given to each point. (Later implementation showed that points 4, 6, and 7 were especially critical.)

The next two years of development produced some surprises: Getting different people together around one table was impossible. We found ourselves going from one department to the next, from one agency to the next in an attempt to coordinate potential service providers. There was considerable red tape involved in getting regulations waived from the Department of Housing and Urban Development and the State Department of Social Services. it seemed everyone was interested in what we were trying to accomplish but getting to the people who could make decisions was difficult. At times persistence was the only way.

We eventually received support from the Governor, Senator Garn, the Salt Lake County Commission and others (see attached letters) and were very gratified to find that community people we had never worked with before were beginning to volunteer time and assistance to further our project. The dean from the University of Utah Graduate School of Social Work counseled us regarding the special classes we should include; The Salt Lake Skills Center developed a curriculum tailored for our needs and also donated space for our other classwork and counseling sessions. The State Planning Coordinator set aside funds for day care assistance and a private, non-profit child care center offered to develop a new program for after school care for our school-aged children.

While we were encouraged by this type of support we were very discouraged with the negative response to requests for funding. Neither HUD nor Health and Human Services would fund a pilot period. Our grant writer submitted proposals to the major foundations with no results. Ford Foundation expressed interest but declining funding stating their resources were targeted toward national demonstrations only. Local efforts proved unsuccessful as well.

At the beginning of 1983 we approached our own housing authority board of commissioners for permission to fund the project ourselves. There was no money in any of the existing budgets but the commissioners were so impressed with the project as outlined they requested that we use the interest from our interest income account. Some of this money had been earmarked for other uses but priorities were rearranged so that the pilot project could be funded on a "bare bones" scale for the first year.[2]

By this time we had mobilized the State Department of Social Services into picking up the costs for welfare grants, food stamps, medical cards and day care. We showed how, for a total contribution of $53,000, we could train and place 40 women into jobs that would enable them to move into private market housing and get off welfare assistance. That during the first year of employment the savings to the federal government for those 40 women would be nearly $467,000 [3] and that instead of draining the tax system they would be contributing to it.

V. PROJECT PRIDE—PARENTAL RESOURCE FOR INDEPENDENCE, DEVELOPMENT AND EDUCATION

The model project was named and start-up began July 1, 1983. We decided for the purposes of group support and logistics to dedicate one of our Owned Housing sites for project participants. The site is centrally located and contains 20 two, three, and four bedroom units. Two-parent families who were living in the project were relocated to units of their choice. Four single parents living in the project chose to participate in the program.

The remaining participants were chosen by means of a three-phase selection process. They filled out a four-page application form and were interviewed in depth by trained housing authority staff. They were then interviewed by an outside screening team made up of volunteer businessmen, two social workers, one private employment representative, and one low income representative. The third phase was to go through an exhaustive career assessment process provided by the Salt Lake Skills Center (who also contracted for the skills training program.)

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[2] Thus, the project was funded for the first period.

[3] See Appendix 2, Economic Analysis.

Based on the market study with major employers in the Salt Lake City area, training was geared toward administrative secretarial with word processing and computer skills. The training program lasts six to nine months and is individualized according to skill level and ability.

While the skills training is extremely important, we have found that the key to success as we have experienced it thus far is in the support classes and counseling. We hired a part-time clinical psychologist to conduct these sessions. She has found that support on a day-to-day basis is essential for the women to even remain in the program. Even though careful screening indicated strong motivation, she is finding that, many of the women have histories of failure and need constant encouragement. Many of the women also suffer guilt for leaving their children and therefore the psychologist collaborates with another psychologist (a volunteer specializing in child psychology) to conduct pre and post tests with the children at the day care center.

Although it is still early in the model project, several changes are being considered for the next recruitment based on findings of the psychologist who is working with the women. We are finding, for example, that the women living in the same complex is not altogether beneficial. If this proves true over the long run, we may choose to allow future participants to remain in scattered housing thus saving a considerable amount of money in relocation costs.

One recommendation from the initial report that has proven to be mandatory is the constant communication with businesses in the area. We are training women to fit their needs while at the same time garnering support for the philosophy that a public/private partnership can work in attempting to solve a very critical social problem. We have seen enthusiasm for our project and for hiring our women from employers who, two years ago, were skeptical and unfriendly. The first group of women are just about ready for job placement and we have purposely timed publicity to coincide while employer interest is high. We have already been contacted by one of our area's largest employers expressing interest in hiring several of our women.

VI. FUTURE PLANS

If we experience success during the first year's project period we intend to expand the program to include more women. To do this we are forming a private non-profit corporation to do fundraising and will continue our efforts to solicit government funding as well. Publicity is beginning to surround the project and we are receiving inquiries from other housing authorities who have heard about what we are doing.

We are currently beginning the process of developing written materials outlining the "how to's" of the project which can be implemented in all parts of the country. Should we experience even limited success in our area, we will feel the project is worth continuing because the returns are so great. Not only will we have saved the taxpayers a considerable amount of money, we will have staisfied our belief that even one small agency can make a difference.

Appendix 1

U.S. Senate,
Committee on Banking, Housing, and Urban Affairs,
Washington, D.C., June 24, 1982.

Hon. Samuel R. Pierce, Jr.,
Secretary, Department of Housing and Urban Development,
Washington, D.C.

Dear Secretary Pierce: I am sending you a copy of a proposal to me by Mr. Stephen Rosenblatt, Chairman of the Board of the Housing Authority of Salt Lake County. I have met with Mr. Rosenblatt and I am pleased to recommend a workable proposal for helping people graduate from public housing and into self-sufficiency.

The proposed program calls for the location of participating mothers in a special housing project that has on-site job training and child care facilities. The participants leases would terminate at the end of the training period when the mother began her guaranteed job.

In order to make this program work, the Housing Authority must have approval from HUD for a lease provision with month-to-month tenancy. Additionally, the Housing Authority would like to be able to designate all the units at the site for the participants in the program. Your permission is needed to allow the current residents to be moved to other sites and a special Section 8 allocation for this purpose. The Housing Authority requests $260,500.00 to match the contributions already made to fund this project. I would like to suggest that this project be made a demonstration program and funded out of Policy Development and Research funds.

Mr. Rosenblatt has already met with several members of your staff, including Father O'Connor, Bob Lloyd, and Ed Whipple in late March and so far the progress has not been encouraging. Since Salt Lake County hopes to begin this program in early July, I am requesting that consideration of this project be expedited.

Thank you for your kind attention to this matter.

Sincerely,

JAKE GARN.

STATE OF UTAH,
OFFICE OF THE GOVERNOR,
Salt Lake City, March 24, 1982.

Senator JAKE GARN,
Dirksen Senate Office Building, Washington, D.C.

DEAR JAKE: Mr. Stephen Rosenblatt, Chairman of the Board of Commissioners for the Salt Lake County Housing Authority, has requested my support for a project which he is planning to discuss with you shortly.

As you are well aware, I have long been concerned about providing incentives for female heads of households to encourage them to move off welfare and become self-sufficient. This is becoming a much greater concern with the many changes taking place in Washington. Much effort has taken place in Utah to encourage welfare recipients to rejoin the workforce, however, with the elimination of the 30⅓ program there will no longer be a program available which will assist these people in making the adjustments to gainful, long term employment while providing the necessary support systems such as day care. Because of this I lend my support to the project of the Salt Lake County Housing Authority.

I have read and attached their prospectus and all the elements have been well thought out. If the project accomplishes all it intends to, it could prove to be a model for other housing authorities, not only in Utah but nationwide. As you well know, the Salt Lake County Housing Authority has a good record in Utah and I applaud their efforts in attempting to better their programs to provide services to a greater number of people. For these reasons, I encourage you to lend your assistance wherever possible.

Sincerely,

SCOTT M. MATHESON,
Governor.

SOCIAL SERVICES,
March 22, 1982.

HON. JAKE GARN,
U.S. Senator,
Dirksen Senate Office Building, Washington, D.C.

DEAR SENATOR GARN: I am writing this letter to state my support for the project for single mothers with children currently being proposed by the Salt Lake County Housing Authority. I was approached during the planning stages of this project and was very enthusiastic at that time because I recognized the potential for joining existing agencies with private industry.

The major obstacles to employment for single parents have consistently been lack of skills that would produce well-paying jobs, inadequate child care, and the confidence and desire for independent living. Although most welfare mothers have indicated they would rather be independent, the leap to self-sufficiency is not easy and support systems are necessary to make a successful transition. Adequate housing is of primary importance and I can see where a program of this nature would help bridge the gap in the necessary support services. I am delighted that the Salt Lake County Housing Authority is becoming more involved in the total needs of the population it serves.

Sincerely,

ANDREW L. GALLEGOS,
Executive Director.

THE UNIVERSITY OF UTAH,
March 25, 1982.

Mr. STEVE ROSENBLATT,
*Salt Lake Housing Authority,
Salt Lake City, Utah*

DEAR STEVE: This letter is to assure you the support of the Graduate School of Social Work in your project to create training and work opportunities for women on AFDC who occupy low income housing.

As you know, I am deeply interested in supporting and enabling low income women to secure training and jobs in the private sector which will enable them to move off of the welfare roles and out of low income housing into productive work leading to self sufficiency. I believe that your plan to incorporate this kind of a system into the Salt Lake City Housing activities is both innovative and highly advantageous to the private industries which will secure workers through the training anticipated, the women themselves who will be able to find employment, and the Housing Authority which will hopefully be enabled to free up housing units as the women in the program are able to move into non-subsidized housing.

The Graduate School of Social Work has and will continue to provide active support in participating with you in making this program a success. To date, that support has included contact with the Ford Foundation for possible funding of the project, assistance in developing the proposal to be submitted to the Ford Foundation, and encouraging Lanelle McCollum, one of our doctoral students, to take this on as a project from which to develop her own research for her dissertation requirement.

As you know, should the project become a reality, we will be happy to work with you in assigning Master's degree Social Work students to complete their internship in the project under the supervision of Mrs. McCollum. We will, of course, stand ready to provide additional support and assistance appropriate to our interest in the education of Social Work students, research, new social service directions, and the development of new service delivery systems in our community.

I believe that the kind of project which you are endeavoring to create is precisely that kind of creative collaboration between private industry, local government, and professional education which is so necessary to quality service for individuals in need.

You have my best wishes for a successful outcome of the project and my assurance of the continued support of the Graduate School of Social Work.

Yours very sincerely,

EUNICE O. SHATZ, Ph.D., *Dean.*

THE PHOENIX INSTITUTE

To the attention of Senator Jake Garn:

Issue: There is a growing number of females and their youth in poverty in Utah. They are trapped on AFDC because job wages are not high enough to free them from grant dependency.

Method: Salt Lake County Housing Authority is developing a model project to move 20 single female heads of households and their dependent youth off welfare into self-sufficient living. These carefully screened families will live in a currently existing Salt Lake County Housing Authority site. A building in close proximity will house free day care and training opportunities provided by local business. If applicants meet performance criteria, they are guaranteed jobs by the training businesses. Participants receive on-going support services, communication skills, job counseling, etc. throughout the project resulting in higher self-esteem and a "can-do" attitude.

Impact: Lowers welfare rolls; Takes some burden off Department of Social Services; Begins to address special needs of a large and rapidly growing segment of Utah's workforce; Provides quality, supervised care to youth; Serves as a model for additional projects inside and outside of Utah; and Enhances Utah's image locally and nationally as a leader in providing alternatives to welfare.

Action: Your support in Utah and Washington is crucial to the success of this project. Help is needed in the following ways—Finding sources for the project; Names of businesses and their contact persons in Salt Lake City who might offer financial support and training for the project (particular interest in word processing field); and Information on how to find businesses who are inclined to be involved in a socially responsive project such as this.

Phoenix Institute supports this innovative project and appreciates your attention to this request.

APPENDIX 2

Economic analysis

Project cost July 1, 1983 through June 30, 1984:	
Start-up costs:	
Advertising	$1,000
Materials and supplies	1,000
Total start-up costs	2,000
Contracted services:	
S.L. skills center	24,460
Ph.D. counselor/instructor	12,480
Public relations intern	4,800
Total contracts	41,740
Miscellaneous Expenses:	
Relocation costs	4,000
Mileage expenses	1,200
Transportation costs	3,100
Additional materials	1,000
Contingency	2,465
Total miscellaneous	9,745
Total	53,485
Subsidy savings 1st year following completion of training:	
$12,996 × 40	519,840
Less project costs	53,485
Total	466,355

NOTE.—$12,996 is the cost of Welfare and Housing Assistance for 1 single-parent family for 1-year. 40 families participating in the project would effect a total saving of $466,355.

Chairman MILLER. Thank you for your testimony.

Judge, in recognizing the urgent need of this society to stress a national effort for the kindness and proper care of children, you obviously have come to some conclusion that abused children or children who are abused form some sort of common denominator in the caseload which you work with.

As children continue to visit you in juvenile court where you may see them graduating to the adult justice system and to prisons, is it your opinion that there is a common thread that the abuse of these children happens at an early age or at some point?

Judge HERMANSEN. Yes. The individual that I seem like I never succeed with, it seems like if I take the trouble to look into his background in detail I can find this was the start of the problem—abuse or neglect. They both work the same way.

Chairman MILLER. I think, especially given your long-term involvement with this problem, this is a very important statement for this committee to hear. One of the things I have just tried to do—and I wouldn't suggest it is scientific or otherwise—is to look over the body of testimony that we have received as a committee during this first year. There seems to me two events—teenage pregnancy and child abuse—that have a profound impact. Obviously it appears from all the testimony that with the onset of a teenage pregnancy there is a dramatic change in the life of that young woman and her child, as opposed to someone in that community who would have the pregnancy later in terms of educational attainment, job attainment, income, et cetera.

In the case of the abused child, if we are really looking at the events which cause the Federal Government or all public agencies really, or public and private, to expend really dramatic amounts of money, the roots of those expenditures are in the early abuse. Now, that is Miller's theory here for the moment.

I am sure people will testify as to other events that take place. Yet, these keep coming back as a base for later problems. I am interested in your reponse with respect to the abused child. I don't expect you necessarily to comment on the others.

Do you find it that fundamental and that serious?

Judge HERMANSEN. Seven or eight years ago, one of my colleagues, Judge Garff, who I think might be here this afternoon—he was here this morning—we were talking one day about the single mother and he says we are about to reap the whirlwind that is going to descend on us when the child of that single mother becomes a teenager, and that is what is happening. It isn't hard to predict that you are going to have more delinquency. That doesn't mean that there aren't some very capable single mothers, but as a group they are the ones that are having the big problems.

Chairman MILLER. Ms. Clow, in the formal testimony given to the committee, you mention that the Governor's Task Force on Integrating Women into the Work Force determined that the greatest barrier to that integration of single female heads of household into the work force was affordable, available quality child care.

Child care that you can use and you feel comfortable with and your child benefits from.

Ms. CLOW. And that you can pay for.

Chairman MILLER. You see, you have to have all the words or otherwise people don't want to talk to you.

Ms. CLOW. Yes. What about that?

Chairman MILLER. My concern is that there was the sense at one time in the country that child care was for people who really didn't want to take care of their child, who were on welfare but didn't want to be bothered, and/or it was a luxury. What we found in the last recession and tried to reflect in the jobs bill was that this has now become a major barrier for individuals who must work out of necessity. And that seems to be verified.

I don't know when the date of the Governor's task force report was, but that seems to be verified in a study in Utah.

Ms. CLOW. Right. And the final report has not been published by that task force. We have sort of broken down temporarily, but we came to that finding this year as that task force had been meeting regularly. As a matter of fact, child care is the No. 1 problem for working families, no matter whether it is a two-paycheck family, career family, or single parent head of household.

Chairman MILLER. When you talk about child care, are you also discussing the question that seems to be coming to the forefront once again that used to be an issue for the lady garment workers in New York City, but now it is in the suburbs. That is, the question of afterschool hours; what happens for a child between the hours of 2 p.m. and 6 or 7 p.m.?

Ms. CLOW. Right. All children go to school eventually, and with so many families working with so many two-paycheck families and single mothers working, we have quickly outgrown what our child care system can deliver, as I said earlier, and the latch key program is something we have a few programs on, but we really don't have a handle on. And I didn't feel like I had time to go into depth about that special need area.

But, in my estimation, what we need is to look at what the other States have done. Many States have now a statewide extended child care program that operates through the school system. And if we are going to impact large numbers of children, especially for families who cannot afford an extended child care program, I think it has to happen on a statewide effort like that.

Chairman MILLER. Would I not be correct in concluding that all child care must be run through the schools, from what you are saying?

Ms. CLOW. No; I think it is important to balance and have private centers running and make that available if they want. But I think they can also do that within the school system. A private director could come in and contract with the school so that that person can actually make a living at doing that.

What we are talking about is being creative and looking at some solutions that come together from two or three sources.

Chairman MILLER. You mentioned a number of employers in the State of Utah that are using child care, integrating it into the system of benefits or services to employees.

Do I have testimony from those employers as to the benefits they have received that you might make available? I don't know if it is done formally or not.

Ms. CLOW. I didn't think to do that, but I could.

Chairman MILLER. That would be very helpful.

In the area that I represent in the San Francisco Bay area, we now have Safeway stores and Standard Oil of California and many others who are using child care as a major item of recruitment as they try to compete with other areas of the country and other areas of the Bay area. This is a service that they now want to use in terms of recruitment of personnel. And they also claim that they have now found the benefits of reduced absenteeism, tardiness, and all of the benefits that people thought might go along with child care.

If you have that kind of evidence from the employer-sponsored day care, that would be very helpful. Thank you.

Congressman Marriott.

Mr. MARRIOTT. Thank you very much. I appreciate this panel's testimony. You have given us a lot of good information. I have a thousand questions, and I have time for maybe one or two, so I will try to get right to the point.

As many of you know, I have been very interested in the area of latch key kids and what we do about it in trying to extend the school time or the school facilities beyond the 3:30 closing time, until maybe 6 o'clock or some other time. The problem, of course, is money. Where do you find the money to do all of these things?

How about the volunteerism concept with latch key kids? Do you think it will work?

I see Mitzi giving a little smile. I have heard rumors that in Utah we have had some good programs started. The kids got excited and volunteers didn't follow through.

How about it? Can we solve any of the problems of latch key and day care problems with the school facilities staying open and utilizing a volunteer program?

Who wants to take that one on?

Ms. **Dunford**. One of the problems now is that all the Junior League volunteers are now working mothers. We are no longer home baking the cookies for our children and our neighbors' children.

I must say, and with some chagrin, that last year the Junior League of Salt Lake City did propose a project for a latch key program in Salt Lake City to be done in two or three schools, and the project failed. It did not pass the membership because Junior League women did not want to be away from their own homes between the hours of 3 and 7 p.m., thus making their children latch key children.

So I think a real problem here is that the volunteer sector is sort of stretched thin.

Mr. **Marriott**. But aren't there enough volunteers whose kids are grown? If we really put together a program that was sold properly, aren't there enough volunteers whose children are grown that could do something with the schools after hours? Have we really tried the volunteer program, or have we just sort of tried a program and it failed, so now we think it is a bad idea?

Ms. **Dunford**. There were many people who thought it was a wonderful idea and who wanted very desperately to see the project fly, but it did not. We certainly aren't saying that because this project didn't go through, that we are going to toss up our hands and say we will never do anything again with the latch key project. But I do think that it is a hard project to sell, and those of you in this room who are parents know that those hours between 3 and 7 are sometimes not our most enjoyable. I think that it is going to be difficult to get volunteers to be with little folks between the hours of 3 and 7.

Ms. **Clow**. I would like to respond very quickly.

I think it would be wrong to overlook the possibility of working with a volunteer core of people, but I think it is a real mistake to put the responsibility for organizing, administering and carrying through that kind of extensive program on that kind of scale within the hands of a volunteer group. I think because we want to value the service, we want to pay people, certainly directors, people in charge of overseeing it, there has to be a pay component there.

The other thing I would like to say is that with the way we are looking at the educational system and really scrutinizing the length of our day, it seems to me that the educational community surveys—that it might be a natural to extend the day another half-hour to an hour anyway. And then what we might do is sort of piggyback on that and use some of the extracurricular activity funds for some more active kind of after-school program so that the kids are at a desk and playing and doing some active things to get that energy going.

Mr. **Marriott**. I want to just ask Robin—we have met before and talked before on some of these issues—the problems at the University of Utah and day care centers.

I was over at that day care center. I think that is where we met.

Ms. **Page**. We met last year at the legislative session, but I have a son in that day care center.

Mr. **Marriott**. Here we have all these young single-parent female heads of families who were trying to get an education, and that school up there, that day care center accommodated no more than 30 kids or 50 kids. I don't remember what it was, but there was a waiting list a mile long.

Ms. **Page**. Right.

Mr. **Marriott**. How do we solve that problem? That is a subsidized program, isn't it?

Ms. **Page**. Right; it is.

Mr. **Marriott**. If you have to go out and buy day care, you would be out of school, I assume?

Ms. **Page**. That is correct.

Mr. **Marriott**. So how do we solve that problem? Should that be factored into the cost of education in general?

The problem we have there is more demand and less supply. How do we solve that problem so it accommodates the students of the university?

Ms. **Page**. One of the things that we as a single parents group have discussed at different times, but have not had time to follow through on, is the possibility of some on-campus co-op day care centers that would have a paid staff of teachers, et cetera, where parents could work to earn their child's stay there, whether it is just while they go to class in the morning or if they need some extra time to do studying.

I know I have met a number of single parents who don't need to have their children in day care all day long, and yet for someplace like the preschool at University Village you must leave your child there 5 hours a day or they won't accept your child, because they can't get paid the full reimbursement from the State. So even though there are some people who could utilize services that are not that long, we are kind of caught in a funny bind. And I think an on-campus day care center that was geared toward co-op could possibly be really successful.

The other thing that I have talked to some people about would be the idea of an all-day Head Start program on campus. I know that there has recently been some additional Head Start funds that came into the State, and that might be another alternative to relieve some of that load. It is really a serious problem.

I have one single parent in our group right now who has a 2-year-old and a 1-year-old, and her day care providers have stopped working for her, and she is now taking her two children to class with her.

Mr. **Marriott**. I was going to suggest that maybe it would be a good idea for the 4 percent of the women who are not working to take children into their homes and maybe have a better system of compensating or some assistance.

Is there a program now where I can take a child into my home and take care of them for a few hours a day and receive any government assistance?

Ms. Page. Right; there is.

Mr. Marriott. Based on these statistics, 70 percent of the women are going to be working in 10 more years. Who is going to be there to take care of the kids? I think that poses a big problem.

I am very concerned about the increasing divorce rate. It seems as if we deal with this—and you know my commitment to day care centers and employer-sponsored day care centers—but how do we go back and attack the root of the problem? Other than those who are forced for economic reasons to have to take care of their kids, or like yourself who has to get through college, how do we go back and solve the root problem, which is both parents working of their own volition and the tremendous increase in the divorce rate?

Are we ever going to see the end of this problem, or are we just simply asking for more money to solve the day care problem? Do you see what I am getting at? I am concerned about where we are going here and whether there will ever be enough money to solve the problem, unless we go back and solve the divorce rate and the nonpayment of child support and all these other things that are the root cause of the problem.

Ms. Clow. I think we have to work at it from every direction we can think of and use every strategy and option and continue being creative, because what works for one family will not for the other.

Mr. Marriott. Thank you very much. My time is long up.

Mr. Patterson [presiding]. I might just ask one question of Mr. Tapking.

Are you familiar with the WIN program?

Mr. Tapking. Yes, I am very familiar.

Mr. Patterson. How does your PRIDE program differ from WIN, other than I guess you do provide temporary housing? Is it pretty similar to that?

Mr. Tapking. In many ways. The WIN program is a different program, and it has not been as successful as it could have been. You have already heard testimony in many cases on the WIN program, the WIC program, et cetera.

Our purpose in this was not to create another program but rather to utilize those programs that were out there to the best advantage. I can't see it adding additional dollars into the particular program and coming up with the same result.

[Information referred to follows:]

Project Pride Versus Work Incentive Program

Pride is very different from the WIN program. WIN is a mandatory program for parents receiving AFDC and whose youngest child turns six. WIN is a federal program administered by the U.S. Departments of Health and Human Services (HHS) and Labor (DOL). The magnitude of this program is so wide that just in the state of Utah each WIN worker carries a case load of 150–180 clients. With this ratio any personalization is next to impossible. This lack of personalization perpetuates low self esteem when people feel they are nothing more than a number.

To enter the WIN program the parent must meet with a WIN representative to determine whether she has adequate skills to get a job. If the parent is not felt to have appropriate skills, training is a possibility. Training is offered for up to one year and in rare circumstances can be extended to two years. A key drawback is that training is not paid for. A client must obtain funding through another program or pay for it herself.

If a person does not need training, a schedule for job search is worked out between the counselor and the recipient. Proof of five job interviews is required per week. WIN will refer jobs and reimburse bus fares or gas money used to go on job interviews. The main drawback to the WIN training and job search is that no emphasis is placed on high paying jobs. WIN recipients must accept employment if it is offered even at minimum wage.

Day care is provided while the parent is in training and up to 40 days after training is completed during job search. An extension can be obtained.

As mentioned, the workload for each WIN worker is tremendous. The amount of paperwork is extensive. There is no time for a WIN worker to build rapport with the recipient and therefore, very little support or motivation results. In fact, the main method to motivate is through fear. If two appointments with a WIN representative are missed, a sanction is filed and the recipient may lose welfare.

WIN does not provide personal or group psychological counseling, only career counseling which includes resume writing and procedures for job interviewing. This is felt by the recipients to be a critical omission.

A point-by-point comparison of services provided by WIN and Project PRIDE are outlined below:

WIN

Skills assessment—minimal; skills training referrals only; career counseling; transportation reimbursement; after school care during training; ratio of counselors to clients: 1:150–180; and length of program: 1–2 years.

PRIDE

Skills assessment—comprehensive; skills training paid for; career counseling; transportation allowance; after school care during training; ratio of counselors to clients: 1:20; length of program: 6–9 months; housing assistance payments; day care during training; specialized support classes; psychological counseling provided, follow-up counseling to one year; clothing allowance; and after school care for school age.

Mr. **Patterson**. At the end of the year, you expect the 40 women to be totally off any kind of public assistance, or will they be eligible for section 8 housing? Will they be eligible for child day care?

Mr. **Tapking**. There will be some of those particular programs that will continue through probably the first of the year. We expect them to remain on the section 8 program for a period of time until appropriate housing can be developed for them.

And the child care is still a critical problem. All of the women in the particular program have gone through the awful problems that have been discussed here today. Eighty percent of them have been abused, either physically, mentally, or sexually by parents and husbands, and many of them exhibit the same characteristics toward their own children at this particular point. That is why we have made such a big emphasis on the counseling side of this.

Some of the services must continue; otherwise, they are going to fail.

Mr. **Patterson**. Thank you.

Mr. Fish.

Mr. **Fish**. Thank you.

Following up briefly on this question of latch key children, I heard somebody say hours of 3 to 7 o'clock. It sounds like 7 is going to be quite late and past the dinner hour and dark.

But anyway, Mr. Marriott asked about volunteers. It has always struck me that one thing we might do is ask more of our school system. I think we have one problem with the little ones who obviously need a different kind of supervision, and you are always going to get a group of older high school students who are working and who need to work. The family needs them to work, and they should be excused.

But has anybody in this State ever done a study as to what the cost would be if you did keep your school open to, say, 5:30 or 6 o'clock and had expanded athletic programs, opportunities for theater workshops, music, tutoring, afternoon study hall? My, whatever happened to study hall?

I think we can all agree that you do run risks with these millions of youngsters going home and being alone and unsupervised for a length of time. And I just wonder, before we try to think of something else—you already have the physical plant, you already have all the facilities, the athletic fields, the theaters, the equipment, the props—why the school itself isn't utilized more in the afternoon?

Ms. Clow. I have talked to the superintendent of schools in the Salt Lake district about that, and, once again, it goes back to that issue of we don't have the money, and it is not our problem.

I think that is part of their problem and that is what I am urging for our entire community and State to look at; that is, some sort of a joint effort.

I really like your idea about the latchkey program. Does New York have a program like that in place?

Mr. Fish. No; they don't.

Ms. Clow. Minnesota has a statewide program. And I think we need to do some research. And Maryland does.

Mrs. Vucanovich. Maryland has a pilot program.

Mr. Fish. I am sure it is going to cost money. But it seems to me that anything that you develop to deal with 3 million of these youngsters we are told there are is going to cost a lot more than using the existing buildings that are there.

Ms. Clow. Right. We just need to convince some people who have the power to say yes or no, and our legislature needs a lot of information. I think they have got to have a buy into this.

Ms. Dunford. I will change hats for a minute and become a parent in the Salt Lake City School District. Approximately 2 weeks ago, I received a one-page flier that came home pinned on my kindergartener that said, "Would you be interested in some kind of an extended day program in our school?" So perhaps the wheels are beginning to turn. Of course, I put yes and 14 exclamation points and sent it back, but that is as far as it has gone.

Mr. Fish. I am just afraid in response to all these studies, 20th Century Fund and the President's Commission and so forth, that you are going to see proposals that are going to be budgetary conscious and have 1 hour more, which really is not enough.

If I could ask you another question that has to do with your Child Watch looking out for American children on behalf of the Junior League, this was a publication of the Junior League of Salt Lake City, and it related to the team of people in this State?

Ms. Dunford. Right. There were 52 projects that were done across the Nation. Each project did some kind of final report. This was just Salt Lake City's final report.

Mr. Fish. So they all asked themselves the same question?

Ms. **Dunford**. Yes. We had a manual that we used, and the volunteers were all lay people from the community. They were not experts in the field, by any means. It was all soft data that we collected. We went out into the community and interviewed advocates, providers, parents, and just got a feel for what was happening. There were three rounds of interviews that were done, and at the end of each round of interviews we sent the information back to the Association of Junior Leagues in New York and also to the Children's Defense Fund in Washington, D.C. No formal report has been compiled from all this.

Mr. **Fish**. But those two groups, in New York City and Washington, would have the reports of the 52 Junior Leagues that are similar to the one you have presented us?

Ms. **Dunford**. It wasn't all done by Junior Leagues. There were other volunteer organizations.

Mr. **Fish**. And it was channeled in?

Ms. **Dunford**. Yes. Fran Eisenstadt of the Children's Defense Fund.

Mr. **Fish**. Thank you very much.

Chairman **Miller** [presiding]. Mr. Wolf.

Mr. **Wolf**. I have several questions.

On the volunteerism, I am not taking issue with you but I think we can do a better job. Political campaigns are generally run by volunteers. There are a number of volunteer efforts in my district. It is competitive, when two members of the household have to work, which is because of inflation. The cost of houses is anywhere from $120,000 to $145,000.

I think we can encourage volunteers. I think we can utilize senior citizens, for example, which we do in some areas back in Virginia.

Second, I think we can use students who are majoring in a particular profession at George Mason University, although I do agree that generally you need one paid staffer to guide them. But I believe we can use a lot more volunteers.

I liked your comments on flex time. What do you think of flex time? In the Government for example, at the U.S. Geological Survey, a Federal worker can come in to work at either 6 o'clock in the morning or 9:30 or 10 o'clock and work late.

What about flex time in the corporate world and the private sector? I believe that by enabling people to be more flexible with work schedules, the husband can go to work early in the morning, the wife is there to send the child off, and the husband is home at 3 o'clock and always someone can tend to the children.

What are your comments about flex time?

Ms. **Clow**. Sure. We just have to get the information to employers and work with them and be available to provide the technical assistance. It is catching on some in Utah, and I know a lot about it and how it can work. That, and compressed time; job sharing. It is great.

Mr. **Wolf**. Do you do it out here?

Ms. **Clow**. The department of social services has flex time. I am not sure what other businesses. That is catching on some.

Mr. **Wolf**. I think that is an area we should promote.

I would like to see your report. You said you are going to have the "how to's" on this PRIDE. I will take a copy of your suggestion and send it to my Governor, and perhaps Jerry Patterson, who is one of the leading experts in public housing in the Congress who can do the same thing at the Federal level. If you send that to us, I will get it to the Governor of Virginia.

Mr. TAPKING. We will be happy to do that. And if you have any questions, I have got a staff and they can call direct right now.

Mr. WOLF. One last question.

On the question of INREAL, you got my interest up. You didn't really tell us very much about it. Since I was a little boy, I had a stuttering problem and had a very hard time speaking, and you sort of told us all the good results but didn't quite tell us how you arrived at them.

So we don't take up everybody's time, perhaps you can send me something and tell me how you do it.

Ms. WEISS. It is all in the reports.

Mr. WOLF. I read the entire testimony and you did not cover it there.

Ms. WEISS. I submitted the full INREAL report plus the research that we have done in the Colorado State study, and it is all in there.

Mr. WOLF. OK. I will take a look at it. Thank you very much. No more questions, Mr. Chairman.

Chairman MILLER. Barbara.

Mrs. VUCANOVICH. Thank you.

I would like to just ask a couple of questions of Mr. Furlong, who came from Nevada to speak on the Child Support Enforcement Amendments of 1983.

What do you anticipate from the requirement that the States implement a public awareness program?

Mr. FURLONG. There will be positive results and negative results from that. The increased awareness of the problem, I think, will be a positive result and it will, of course, notify custodial parents that the services are available through the title IV-D program. That will be positive.

On the negative side, the program never has been geared to handle the volume of cases that it now has registered with it. If we further overload the program, I think you can count on either additional expenditures or cost to the program or decreased collections because of administering a system that is bogged down with too many cases.

Mrs. VUCANOVICH. Do you have any recommendations for future improvements at the national level?

Mr. FURLONG. Yes. I think that the key recommendation that we would have to the committee would be to concentrate more on the Judiciary. They really hold the key to improvement in the child support collection. It is their orders that we are attempting to enforce.

You now have good, solid enforcement tools in almost every State in the Union. It is a question of identifying the appropriate enforcement tool and then getting it before the court. Too often we do not get our cases before the court.

I think that judicial education and training is an area that Congress could really help. I know a number of judges that would like to have sent on to particularly the National College the course that they have in child support. We were unable to pay for the expenses because they were not under cooperative agreement. There are very few judicial districts that are under cooperative agreement, but because they hold the key to success in child support, I think we should be taking care of their trained education expenses even though they are not under cooperative agreement.

Mrs. **Vucanovich**. Thank you.

Would the inclusion of medical support in child support orders prove cost-effective?

Mr. **Furlong**. Yes, they will. And I think that Congress would be wise to go a step further than just requesting it in new orders. I think when we file our petitions to recover IV-D moneys that have been expended, that the IV-D program should be allowed to include that amount of money expended in title XIX medical costs. We can make that in one step against the judgment for both the IV-A grant and the title XIX cost, and it will save court time. It will save the time of investigators, and the enforcement of that judgment can then be carried out by title XIX staff. One trip to the court instead of two.

Mrs. **Vucanovich**. Thank you, Bill.

I have no further questions, Mr. Chairman.

Chairman **Miller**. On that point, are you able to, in fact, recover that amount of money from these individuals?

Mr. **Furlong**. I can't at this point, because the title IV-D regulations preclude us from working cases except those associated with title IV-A and part E. If Congress authorizes us to collect it, yes, we could.

The State laws are in place in almost every State in the United States.

Chairman **Miller**. Would the individuals have the wherewithal to make that kind of payment?

Mr. **Furlong**. They would, and it would normally mean extending their payment schedule out for a period of time. They are already paying within their ability to pay to recover the IV-A grant money, but instead of paying for a 3-year period, we pay for a 5-year period.

Chairman **Miller**. You cite the fact that Nevada collected $1.80 in non-AFDC collections for every dollar in AFDC.

Were child support payments higher for those individuals?

Mr. **Furlong**. Child support payments were higher for non-AFDC cases.

Chairman **Miller**. It is not necessarily a great disparity in the numbers in the caseload?

Mr. **Furlong**. We collected more in numbers for non-AFDC. The average amount of collection in AFDC is about $100, and a non-AFDC case is about $125. This gives you an idea of the number of support obligations in those cases where mothers have children.

We are talking about cases—not children; $125 wouldn't even take care of the child care on a monthly basis for one child, and the average child isn't getting $125.

Mr. **Marriott**. Would the chairman yield?

Chairman **Miller**. Yes.

Mr. **Marriott**. What is the Federal law that we passed in the House to strengthen child support enforcement going to do for you?

Mr. **Furlong**. I think it is going to assist us, No. 1, because it will bring a little greater uniformity between States. You are requiring the States to implement certain effective enforcement procedures, and I think that is good.

Second, you have identified some effective enforcement procedures, and that has value. You have maintained the level of FFP at 70 percent. That was critical to the continuance of the program in many States, including my own.

I think one of the problems we face, in the small States we have all the same requirements that are required in the larger States. But we normally don't have the same amount of resources. For instance, I have two people in my program that work management, but I have to carry out the same enforcement procedures that would be required in a State that might have 10 times that many managers.

Your act, I think, is critical in that you are going to look at other State cases and find out to what degree are States cooperating with other States and why are they not cooperating, if that is not the case.

I think Nevada is a good example of that. We collected $1.1 million for other States during 1983 fiscal year. They collected $115,000 for the State of Nevada.

We are talking about children, so I don't want to get into competition between States. But, obviously, something is wrong when there is that kind of disparity between the two. That has been aggravated by the fact that, under normal conditions, the Office of Child Support Enforcement will not count the collections that we make for another State. I think that the work that is done by the State or the production should be counted toward the evaluation of that State, and you won't find any figures in the report to Congress to tell you what a State has collected for another State.

Mr. **Marriott**. Thank you very much.

Chairman **Miller**. Thank you, and thank you to all the members of the panel for your time and your testimony.

We will now hear from the final panel, panel No. 3, if the members of that panel would come forward: Dr. Peter van Dyck, Elaine Runyan, Mr. James T. Young, Mr. Robert Praksti, and Susan Vassau Tall Bull.

Dr. van Dyck, we are going to start with you, and this committee is going to wind up here at 3:30. It looks to me like 12 or 13 minutes until 3, so again the extent to which you can summarize and allow time for questions will be appreciated.

You may proceed.

STATEMENT OF PETER C. VAN DYCK, M.D., DIRECTOR, FAMILY HEALTH SERVICES DIVISION, UTAH DEPARTMENT OF HEALTH

Dr. **van Dyck**. I am Peter van Dyck, Director of the Division of Family Health Services in the Utah Department of Health. I am on the staff of the University of Utah Medical Center, Department of Pediatrics. I am also proud to be on the staff of this fine hospital, primary children's hospital.

I am also past president of the Maternal and Child Health and Crippled Children's Association. That association is made up of people who provide care for mothers and children in all States.

I would like to limit my comments today to three areas. One is infant death. Two is accident prevention in children, particularly legislation; and the third is health status of handicapped children. I will try to do that in 3 or 4 minutes.

I have often thought that you can tell the age of a person by how much he suffers when he hears new ideas. I hope the panel is young at heart.

The infant death rate has been used for many years as an important indicator of health status. The infant death rate now is about one-eighth what it used to be during the early years of the century. This decrease has been brought about by better nutrition, housing, and improved prenatal, obstetrical and pediatric care. Yet in spite of this progress, the first year of life remains the most hazardous until age 65.

The Surgeon General's Report on Health Promotion and Disease Prevention set a goal that "by 1990 the infant death rate should be reduced by 35 percent to fewer than nine deaths per 1,000 live births." These additional gains are possible. Sweden, which has the lowest rate of infant deaths, averages 9 per 1,000 live births. It is hoped that new preventive efforts could allow the U.S. rate, as well as that for the State of Utah, to reach the goal of 9 per 1,000 live births by 1990.

Utah has long led the Nation in having the lowest infant death rate and has prided itself on its health care delivery system; however, we have serious concerns:

One, Utah's infant death rate has been falling more slowly than the U.S. rate. Additionally, many States have overtaken Utah in the improvement of infant death rates. We are not highly industrialized, so this concerns us.

Two, the infant death rate increased in Utah in 1982 from 9.8 to 11.0 per 1,000 live births.

Three, there are some health districts within the State of Utah with a rate significantly higher than Utah's overall rate.

Four, there is an increasing rate of babies dying between 1 month of age and 1 year of age, post-neonatal mortality.

Five, it has been suggested that bad economic times may increase infant death rates.

Low birth weight is the single greatest hazard for infants, increasing both vulnerability to developmental problems and to death. Of all infant deaths, about two-thirds occur in those weighing less than 5.5 pounds. In general, infants below this weight are about 20 times as likely to die within the first year. Many maternal factors are associated with low birth weight: Lack of prenatal care, poor nutrition, smoking, alcohol and drug abuse, age (especially the young teenager), social and economic background, and marital status.

Given no prenatal care, an expectant mother is as much as three times as likely to have a low-birth-weight child.

Maternal age is also important in that infants of mothers aged 35 and older have a much greater risk of birth defects. Teenage mothers are nearly twice as likely to have babies of low birth weight and second pregnancies to teens increase the risks even more.

The two principal risks for infant survival and good health are low birth weight and congenital anomalies. Other significant health problems include the sudden infant death syndrome, the leading cause of death in infants between 1 month and 1 year of age, and accidents.

The infant death rate is a sensitive indicator of health status which is constantly changing related to medical care, economics, social and emotional factors, and lifestyles. Periodic in-depth analysis of infant deaths is necessary in order to target limited resources most effectively. Full and adequate funding of the maternal and child health block grant is particularly important.

It is clear, however, that while additional studies can more precisely define the relationship between factors leading to infant mortality, there are programs which can be expanded and implemented now.

Examples of such programs include the following: increased access and availability of prenatal and perinatal care, greater utilization and availability of genetic counseling programs, increased availability of the diagnosis of high-risk pregnancy, increased emphasis on reaching high-risk populations including those in poverty and minorities, and further analysis of infant death in order to more precisely target additional resources.

A second area of concern is child passenger safety, particularly relating to children not in safety restraints. The Surgeon General's report on health promotion and disease prevention states that, "no other preventable cause poses such a major threat as accidents which account for 45 percent of total childhood mortality."

In Utah, about 600 children aged 0 to 5 are seriously injured each year—7 to 10 are killed. One in every 57 children born in Utah will be seriously injured or killed in a motor vehicle accident before age 5. I have some larger graphs which I think demonstrate very significantly the accident rate in the State and the number of restrained and unrestrained children.

If we look at all accidents to children under 5, drowning is the No. 1 cause of accidental death in Utah to children under 5. However, second is being an occupant in a motor vehicle, particularly unrestrained in a motor vehicle. That is higher than a series of other accidents, suffocation, being hit by a car, poisons, fire, falls. In other words, the second leading cause of accidential death in children under 5 in the State, and nationally as well, is being an occupant in a motor vehicle.

If we look at all the children under 5 who died in Utah in the last 4 years from being occupants in motor vehicles, that was 31 children. Thirty-one children in the last 4 years in Utah have died from motor vehicles. Twenty-seven of those children were unrestrained. It was difficult to tell in three, and only one child was restrained.

Out of all deaths of the children under 5 who were occupants in motor vehicles in the last 4 years in the State, only one child was restrained. We could have saved somewhere between 20 and 26 children in this last 4-year period by restraining children in carseats or seatbelts.

If we look at serious injuries to children, these are injuries which cause broken bones, unconsciousness, internal injuries and serious kinds of injuries, there were about 550 serious injuries in this same 4-year period. Four-hundred-seventy-five of those were to children who were unrestrained. Only 37 of the 550 occurred to children who were restrained in this State. We estimate conservatively that at least 300 of those serious injuries could have been prevented in the last 4 years in this State by passing some kind of child restraint legislation.

The percent of children using restraints in the State during 1982, 70 percent of children involved in accidents were not wearing restraints. Only 8 percent were wearing restraints, and about 10 percent were in seatbelts. So about 18 percent of all children under 5 were in restraints at the time of accident in this State.

Another thing that particularly concerns us is that the motor vehicle death rate in this State to children under 1 is higher than the U.S. rate. Likewise, although only a tiny bit higher, it is also higher for all children age 1 to 14. And I have a map. Forty-one States now have some kind of child restraint legislation. Utah is one of those States which does not, but since this is a mountain region or mountain area, here is what I would like to point out. Utah, Idaho, Wyoming are mountain areas and do not have a law. Neither does South Dakota if we want to squeeze them into the mountain area. And so about half of the States who do not have a law fall within this mountain region.

The laws differ, however, in those 41 States. Some require children to be in restraints until age 2 or allow the optional use of seatbelts instead for children under 2. While some do require that children be in restraints regardless of whom is driving the car, some States limit it to just the parent or legal guardian.

Additionally, there are many States with specific exemptions, such as the mother tending the child, certain physical conditions, or the number of people exceeding the number of belts. It seems to me that some minimal set of criteria could be established by the Federal Government, with appropriate incentives to States, that would insure a minimum degree of safety.

The third area is outcome measures as they relate to health status of handicapped children. There is an ever-increasing emphasis and need to develop tools to evaluate the outcome of and the need for health care, particularly in children with handicapping conditions. Years ago evaluation of populations began with measures of mortality with various measures of morbidity being added and refined over time.

It is now recognized, however, that traditional measures of mortality and morbidity are not sensitive enough to detect the further progress in health for handicapped children. More sensitive measures are needed and such measures must include psychosocial variables.

We visit the children often. We have professionals seeing these children. Very often it is difficult to document physical progress in these children—children with difficult cases of epilepsy, lingering handicaps, retardation. If it is difficult to document an improvement in IQ or physical conditions, have we really done anything by spending all this money in multiple visits?

Obviously, those of us who care for these children think we have. What we think we have done is increase the parents' understanding of the conditions, increase the life satisfaction of that family, the emotional comfort, perhaps. What we did was develop a tool to try to measure that. It is valid. We have done over 4,000 measurements in the last 4 or 5 years, and this is a preliminary example of what we found.

We know which diagnoses are perceived by parents and staff as most significant at entrance into the program. Children with significant problems occurring at birth related to birth trauma or lack of oxygen, with nervous and sensory system disorders, with mental retardation, with blood diseases, and with endocrine, hormonal or serious nutritional disorders clearly show as the most devastating for parents.

Second, it is clear that the age at which the diagnosis is made for the child is significant. While the rating of the physical disorder does not change significantly, the severity of the emotional discomfort and stress to parents increases significantly as the age of diagnosis of the child increases.

Third, the emotional stress increases significantly depending on the mother's age at time of diagnosis. For women aged 40 or more, compared to those in their twenties, the emotional stress perceived at the time of the child's diagnosis is many times greater.

Fourth, the Utah Department of Health delivers service in both urban and rural areas. The parents' perception of improvement in both emotional and physical items increased significantly more for those parents living in rural areas, where lack of access to sophisticated care exists, than in urban areas.

And most importantly, the difference in ratings between emotional and physical items over time showed significant changes for diseases of the respiratory system, mental retardation, genital-urinary system, congenital anomalies, and neurological conditions. The physical improvement was small over the period of the study; however, the change in the emotional items such as parents' understanding, emotional comfort, and life satisfaction improved significantly over the same time period.

In summary, we are beginning to define the fact that certain physical improvements are difficult to document in children with serious handicaps; however, we can now show that certain emotional parameters have improved significantly as a result of our intervention.

I have enjoyed very much the opportunity to discuss these important issues with the Select Committee on Children, Youth, and Families. If you have any questions, I will be happy to answer them.

Thank you.

[Prepared statement of Peter C. van Dyck, M.D., M.P.H. follows:]

Prepared Statement of Peter C. van Dyck, M.D., M.P.H., Director of the Division of Family Health Services for the Utah Department of Health and Associate Professor of Pediatrics at the University of Utah Medical Center

Good afternoon. I am Peter C. van Dyck, M.D., director of the Division of Family Health Services for the Utah Department of Health and Associate Professor of Pediatrics at the University of Utah Medical Center. I am also past president of the National Association of Maternal and Child Health and Crippled Children's Directors, an organization which directs programs for mothers and children within all the states. It is indeed a pleasure to appear before this Select Committee on Children, Youth and Families and to discuss three areas of concern within the State of Utah and within the United States.

I would like to limit my remarks to a discussion of my concerns about infant death, childhood accident prevention—particularly child restraint legislation, and outcome measures as they relate to health status of handicapped children.

CONCERNS ABOUT INFANT DEATH

The infant death rate has been used for many years as an important indicator of health status. The infant death rate now is only about ⅛ of what it was during the early years of the century. This decrease has been brought about by better nutrition, housing, and improved prenatal, obstetrical and pediatric care. yet, in spite of this progress, the first year of life remains the most hazardous until age 65.

The Surgeon General's Report on Health Promotion and Disease Prevention set a goal that "by 1990 the infant death rate should be reduced by 35% to fewer than 9 deaths per 1,000 live births." These additional gains are possible. Sweden, which has the lowest rate of infant deaths, averages 9 per 1,000 live births. It is hoped that new preventive efforts could allow the United States rate, as well as that for the State of Utah, to reach the goal of 9 per 1,000 live births by 1990.

Utah has long lead the nation in having the lowest infant death rate and has prided itself on its health care delivery system; however, we have serious concerns:

(1) Utah's infant death rate has been falling more slowly than the United States' rate. Additionally, many states have overtaken Utah in the improvement of infant death rates.

(2) The infant death rate in Utah went up in 1982 from 9.8 to 11.0 per 1,000 live births.

(3) There are some health districts within the state of Utah with a rate significantly higher than Utah's overall rate.

(4) There is an increasing rate of babies dying between one month-of-age and one year-of-age, post-neonatal mortality.

(5) It has been suggested that bad economic times may increase infant death rates.

Low birth weight is the single greatest hazard for infants, increasing both vulnerability to developmental problems and to death. Of all infant deaths about ⅔ occur in those weighing less than 5½ pounds. In general, infants below this weight are about 20 times as likely to die within the first year. Many maternal factors are associated with low birth weight: lack of prenatal care, poor nutrition, smoking, alcohol and drug abuse, age (especially the young teenager), social and economic background, and marital status.

Obviously, given no prenatal care, an expectant mother is as much as three times as likely to have a low-birth-weight child. Women from certain minority groups are less likely to receive care during the first months of pregnancy, the period most important to fetal development.

Infants born to women experiencing complications of pregnancy have a two to five times higher rate of mortality than others. For mothers with medical conditions such as diabetes, hypertension, or kidney and heart disease, there is a greater risk for having infants who will not survive the first year. Good competent early prenatal care can reduce this risk.

Maternal nutrition and maternal cigarette smoking and alcohol consumption are all critical factors for infant health. Inadequate nutrition increases the chance of bearing a low-birth-weight infant. Smoking slows fetal growth and nearly doubles the chance of low birth weight. Some studies have suggested that smoking may contribute to at least 25% of low birth weight infants.

Maternal age is also important in that infants of mothers aged 35 and older have a much greater risk of birth defects. Teenage mothers are nearly twice as likely to have babies of low birth weight and second pregnancies to teens increase the risks even more.

Congenital anomalies or birth defects are responsible for about ¼ of all infant deaths in Utah. About two percent of infants have a serious birth defect identified at birth and between 5 and 10 percent of these lead to infant death.

The two principal risks for infant survival and good health are low birth weight and congenital anomalies. Other significant health problems include the Sudden Infant Death Syndrome, the leading cause of death in infants between one month and one year-of-age, and accidents.

CONCLUSIONS

The infant death rate is a sensitive indicator of health status which is constantly changing related to medical care, economics, social and emotional factors, and lifestyles. Periodic indepth analysis of infant deaths is necessary in order to target limited resources most effectively. Full and adequate funding of the Maternal and Child Health Block Grant is particularly important.

It is clear, however, that while additional studies can more precisely define the relationship between factors leading to infant mortality, there are programs which can be expanded and implemented now. Examples of such programs include the following:

Increased access and availability of prenatal and perinatal care; greater utilization and availability of genetic counseling programs; increased availability of the diagnosis of high-risk pregnancy; increased emphasis on reaching high-risk populations including those in poverty and minorities; and further analysis of infant death in order to more precisely target additional resources.

CONCERNS ABOUT CHILD PASSENGER SAFETY

The Surgeon General's Report on Health Promotion and Disease Prevention states that, "no other preventable cause poses such a major threat as accidents which account for 45 percent of total childhood mortality." Utah's Health Policy Document states that, "motor vehicle accidents rank as the fourth leading cause of expected years of life lost and the second leading cause of working years of life lost." Of particular concern is the fact that Utah's death rate for children under age 5 is significantly higher than for the United States (11.8 and 10.6).

In Utah, about 600 children aged 0 to 5 are seriously injured each year—7 to 10 are killed. One in every 57 children born in Utah will be seriously injured or killed in a motor vehicle accident before age 5.

Most states have recognized that this cause of serious injury and death is largely preventable and have passed car seat legislation. In fact, at the present time, Utah is only one of nine states without a child passager safety act.

However, the laws differ significantly among states, many of which require children to be in restraints only until age two or allow the optional use of seat beats instead of child safety restraints for children under two. While some do require that children be in restraints regardless of whom is driving the car, some states limit it to just the parent or legal guardian. Additionally, there are many states with specific exemptions, such as the mother tending the child, certain physical conditions, or the number of people exceeding the number of belts. It seems to me that some minimal set of criteria could be established by the federal government, with appropriate incentives to states, that would insure a minimum degree of safety.

These laws not only increase the utilization rate of car seats in young children, they also decrease the number of deaths and serious injuries. In North Carolina, usage rates of car seats in children up to 2 years of age increased from 30 to 43 percent. Injury rates per 1,000 children in accidents decreased from 19.5 to 14.1. Likewise, the number of deaths to children under age 5 in Tennessee has decreased significantly to a level of about ½ since the law was passed.

Car seats are relatively inexpensive to buy and at the present time loaner programs exist in most states making them accessible to those unable to buy them. Virtually all groups concerned for childrens health support car seat legislation including the American Academy of Pediatrics which has made car seat legislation a major national effort.

Following are a few selected facts for Utah:

Of all causes of accidental death in children under 5 years of age, riding unrestrained in a motor vehicle ranks second.

There were 20,717 motor vehicle accidents involving children under aged 5 in the State of Utah between 1979 and 1982.

Of those, 31 resulted in deaths, 554 serious injuries, 1,164 moderate injuries, 1,064 mild injury or potential injury and 17,904 no injury.

Out of those fatal accidents in the last four years (31) 27 children were unrestrained, 3 were unknown and only 1 child was restrained. In other words, in the last four years only one child was killed who was restrained in the State of Utah.

Out of all the serious injuries (554) only 37 or 6.7 percent occurred to those children who were restrained. 475 or 85.7 percent occurred to children who were unrestrained.

Only 8.1 percent of children under 5 were in child restraints during the time of the accident in 1982, 9.9 percent were in seat belts. 71.9 percent were using no restraint.

If all non-restrained children during the last four years had been restrained estimates suggest that at least 19 fewer children would have been killed, at least 300 fewer would have had serious injuries.

The third area is outcome measures as they relate to health status of handicapped children.

There is an ever increasing emphasis and need to develop tools to evaluate the outcome of and the need for health care, particularly in children with handicapping conditions. Years ago evaluation of populations began with measures of mortality with various measures of morbidity being added and refined over time. It is now recognized, however, that traditional measures of mortality and morbidity are not sensitive enough to detect the further progress in health for handicapped children. More sensitive measures are needed and such measures must include psycho-social variables.

The Maternal and Child Health and Crippled Children's directors in each state are responsible for the care of children with handicaps. We have been concerned that many children have conditions for which it is difficult to document physical improvement—ie., children with unremitting epilepsy, children with severe multiple handicaps, children with severe mental retardation, or children with lingering chronic diseases. If, in fact, the child's physical condition has not improved, have we improved anything by our repeated visits and counseling with the child and family? Perhaps we've improved the parent's or the patient's understanding of the disease, the emotional comfort of the family, the life satisfaction of the family or child, or the perception of the child's progress. Most professionals caring for handicapped children feel that progress had been made for most families in these areas. The difficulty is in its measurement.

The evaluation tool developed by the Utah Department of Health does, in fact, measure the progress in the parent's understanding, child's progress, life satisfaction, and emotional comfort. It can also measure progress in intellectual functioning, the degree of physical handicap, infant and preschool development, and predicted adult independence. These can then be related to the number of visits, and the amount of money spent, the diagnosis, the age of the child at time of diagosis, and various other demographic parameters. The tool has been shown to be reliable.

After nearly 3,000 individual ratings over the last four years, we can discuss some selected conclusions which highlight the potential of this evaluation tool. Further analysis is needed, but the potential is clear.

We know which diagnoses are perceived by parents and staff as most significant at entrance in to the program. Children with significant problems occurring at birth related to birth trauma or lack of oxygen, with nervous and sensory system disorders, with mental retardation, with blood diseases, and with endocrine, hormonal or serious nutritional disorders clearly show as the most devastating for parents.

Second, it is clear that the age at which the diagnosis is made for the child is significant. While the rating of the physical disorder does not change significantly, the severity of the emotional discomfort and stress to parents increases significantly as the age of diagnosis of the child increases.

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In summary, we are beginning to define the fact that certain physical improvements are difficult to document in children with serious handicaps; however, we can now show that certain emotional parameters have improved significantly as a result of our intervention.

I have enjoyed very much the opportunity to discuss these important issues with the Select Committee on Children, Youth and Families. If you have any questions I will be happy to answer them. Thank you.

INFANT AND NEONATAL MORTALITY RATES
STATES WITH LOWEST RATES
1969-1980

Year	State	Infant Mortality Rate		Neonatal Mortality Rate	
		Total	White	Total	White
1969	Utah	16.0	15.4	11.6	11.5
	North Dakota	16.7	16.5	13.3	13.5
	Alaska	18.5	14.1	12.7	9.9
	United States	20.9	18.4	15.6	14.2
1970	North Dakota	14.3	14.3	11.6	11.8
	Utah	14.9	14.9	11.1	11.2
	Oregon	15.9	16.0	10.9	11.1
	United States	20.0	17.8	15.1	13.8
1971	Utah	13.8	13.7	10.6	10.6
	Vermont	14.8	14.9	10.9	10.9
	Delaware	15.5	12.7	12.1	10.2
	United States	19.1	17.1	14.2	13.0
1972	Vermont	13.6	13.7	9.8	9.9
	Utah	14.0	13.9	9.7	9.9
	Wisconsin	14.1	13.6	9.9	9.5
	Delaware	19.1	13.3	13.8	10.1
	United States	18.5	16.4	13.6	12.4
1978	Maine	10.4	a	6.1	a
	New Hampshire	10.4	a	8.0	a
	Massachusetts	11.1	a	8.1	a
	Hawaii	11.1	a	7.6	a
	Wisconsin	11.2	a	7.6	a
	Colorado	11.2	a	6.9	a
	Utah	11.4	11.3	7.8	7.7
	United States	13.8	12.0	9.5	a
1980	Maine	9.2	a	5.8	a
	Wyoming	9.8	a	6.2	a
	New Hampshire	9.9	a	7.5	a
	Minnesota	10.0	a	6.2	a
	Colorado	10.1	a	6.6	a
	Wisconsin	10.3	a	6.7	a
	Hawaii	10.3	a	7.2	a
	Kansas	10.4	a	6.8	a
	Utah	10.4	10.5	6.6	6.6
	United States	12.6	11.0	8.5	a

[a] Not Available

State Health Department
Bureau of Health Statistics
September 15, 1983 (1267B)

INFANT MORTALITY RATES BY RESIDENCE, URBAN COUNTIES AND BALANCE OF THE STATE: UTAH, 1960-1982

Year	State Total	Cache County	Weber County	Davis County	Salt Lake County	Utah County	Balance of State
1982	11.0	14.3	9.2	12.3	10.5	10.6	11.9
1981	9.8	13.5	13.1	7.6	8.2	10.3	11.2
1980	10.4	5.0	11.0	8.1	10.0	12.0	11.8
1979	10.7	10.2	12.0	10.1	9.8	12.1	7.7
1978	11.4	9.6	11.6	12.5	10.4	11.9	12.9
1977	10.0	6.7	10.5	10.6	8.3	9.5	14.4
1976	11.7	7.6	13.0	11.0	11.5	9.0	15.8
1975	13.1	12.5	11.4	12.3	12.1	12.7	17.2
1974	12.2	8.7	9.0	10.5	12.8	13.2	12.9
1973	12.7	12.0	15.6	10.2	12.3	11.1	14.7
1972	13.4	13.5	15.1	10.5	13.7	12.2	14.3
1971	13.9	6.1	[illegible]	14.5	14.6	10.8	14.7
1970	15.0	11.5	12.7	16.5	14.9	14.1	18.1
1969	15.8	16.7	18.8	13.4	15.2	12.1	19.7
1968	17.7	11.0	13.2	13.1	17.9	11.2	29.8
1967	16.7	13.4	12.6	15.2	18.0	13.9	19.9
1966	18.3	20.6	20.7	13.6	17.9	18.0	20.0
1965	18.8	9.4	18.4	13.8	17.0	20.4	27.3
1964	20.2	11.0	18.2	18.8	20.2	16.5	26.6
1963	18.6	12.2	16.1	15.5	18.7	14.2	25.5
1962	20.0	11.5	17.1	18.4	21.0	17.6	23.6
1961	20.2	13.5	22.2	14.8	19.6	17.7	25.9
1960	19.7	17.7	21.6	19.1	16.9	17.3	26.8
				Percent Change			
1960-70	-23.9	-35.0	-41.2	-13.6	-11.8	-18.5	-32.5
1970-80	-30.7	-56.5	-13.4	-50.9	-32.9	-14.9	-34.8
1960-80	-47.2	-71.8	-49.1	-57.6	-40.8	-30.6	-56.0
1980-82	5.8	186.0	16.3	51.9	5.0	11.7	8.4

Note: Infant mortality rate is the number of deaths under one year of age per 1,000 live births.

Bureau of Health Statistics
Utah State Department of Health
October 3, 1983 (2372N)
DL/nj

FIGURE 3
INFANT DEATHS PER 1,000 LIVE BIRTHS, RESIDENTS: UTAH, 1976 - 1978 AND 1979 - 1981

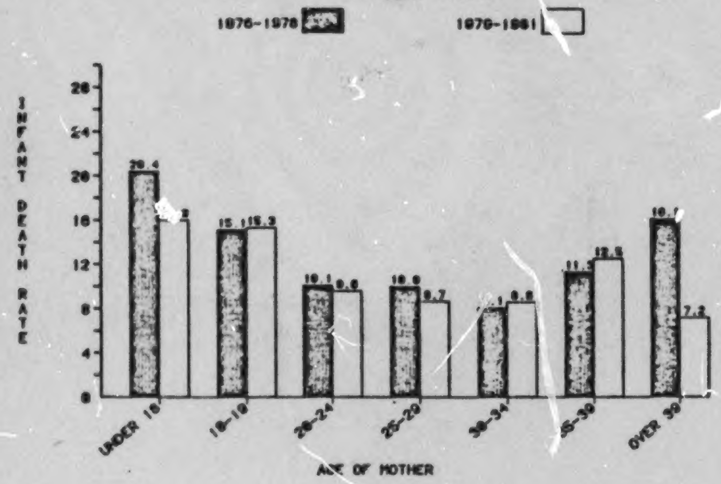


FIGURE 4
INDUCED ABORTIONS PER 1,000 LIVE BIRTHS, RESIDENTS: UTAH, 1976 - 1978 AND 1979 - 1981

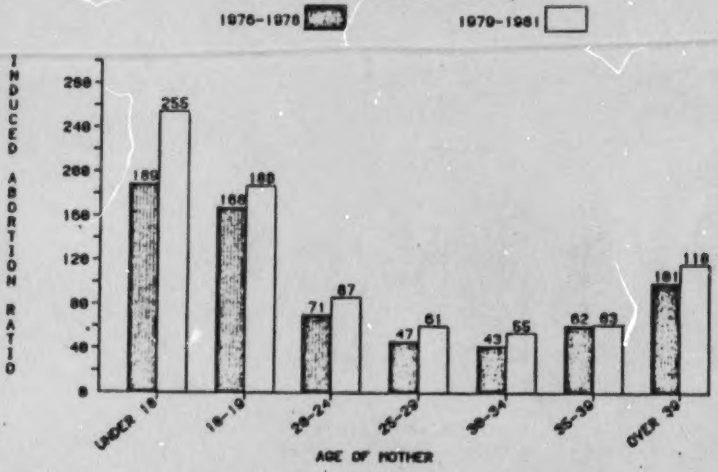


FIGURE 1

BIRTHS UNDER 2,500 GRAMS PER 1,000 LIVE BIRTHS, RESIDENTS: UTAH, 1976 - 1978 AND 1979 - 1981

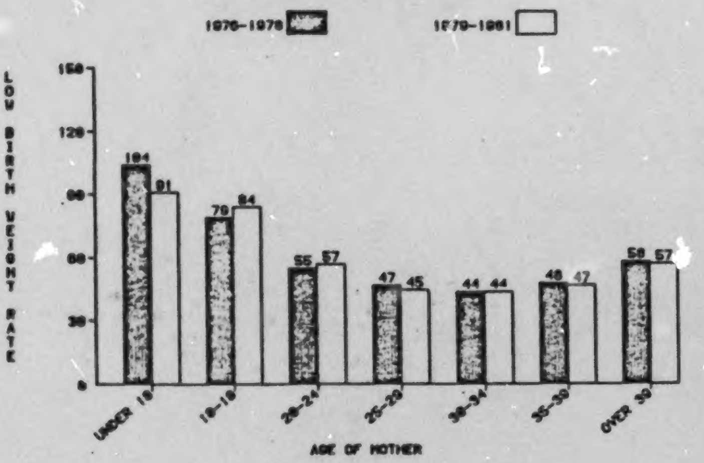
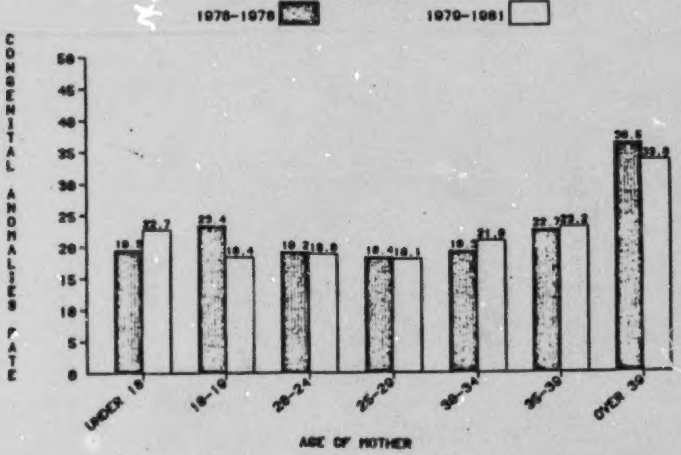


FIGURE 2

CONGENITAL ANOMALIES PER 1,000 LIVE BIRTHS, RESIDENTS: UTAH, 1976 - 1978 AND 1979 - 1981

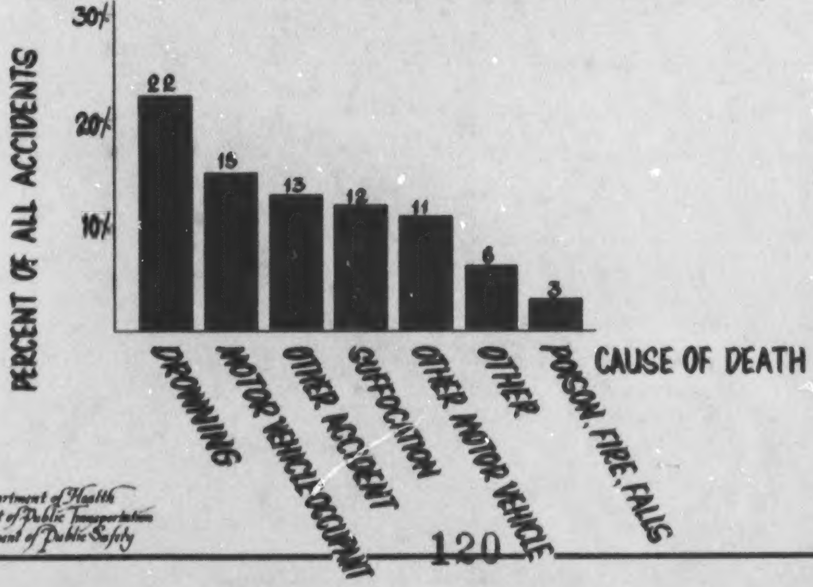


INFANT, NEONATAL AND POST-NEONATAL MORTALITY RATES: UTAH, 1977-1982

Year	Live Births	Infant Deaths		Neonatal Deaths		Post-Neonatal Deaths	
		No.	Rate	No.	Rate	No.	Rate
1981-82	82,823	860	10.4	522	6.3	338	4.1
1979-80	82,864	873	10.5	554	6.7	319	3.8
1977-78	76,767	824	10.7	557	7.2	267	3.5
1982	41,537	457	11.0	282	6.8	175	4.2
1981	41,286	403	9.8	240	5.8	163	3.9
1980	41,786	435	10.4	276	6.6	159	3.8
1979	41,078	438	10.7	278	6.8	160	3.9
1978	38,811	443	11.4	302	7.8	141	3.6
1977	37,956	381	10.0	255	6.7	126	3.3

Utah Department of Health
Bureau of Health Statistics
July 12, 1983 (2135N)
JEB/nj

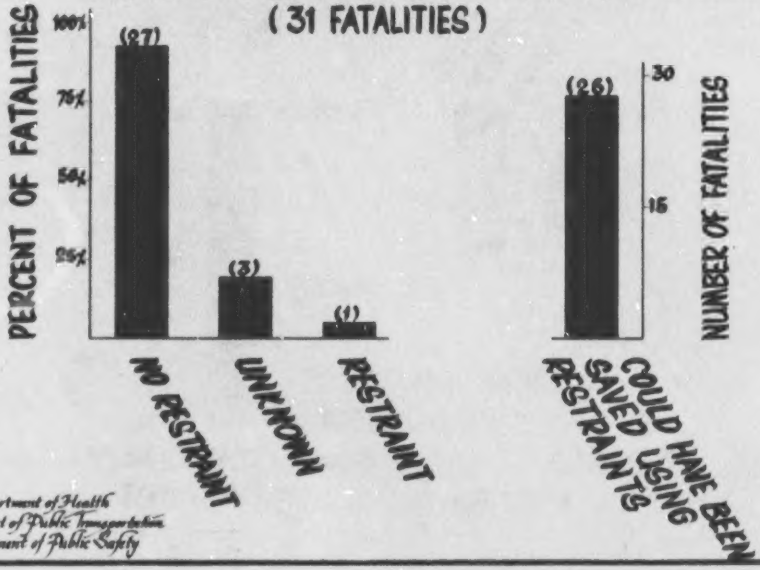
ACCIDENT FATALITIES 0-4 YEARS OF AGE
1981-1982, UTAH RESIDENTS, (TOTAL OF 82 FATAL ACCIDENTS)



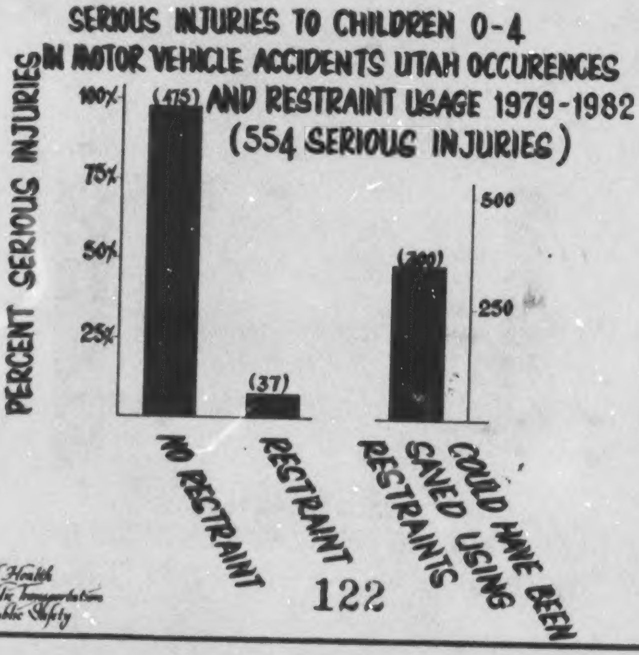
Utah Department of Health
Utah Department of Public Transportation
Utah Department of Public Safety

FATAL ACCIDENTS TO CHILDREN 0-4 IN MOTOR VEHICLES, UTAH OCCURENCES AND RESTRAINT USAGE, 1979-1982

(31 FATALITIES)



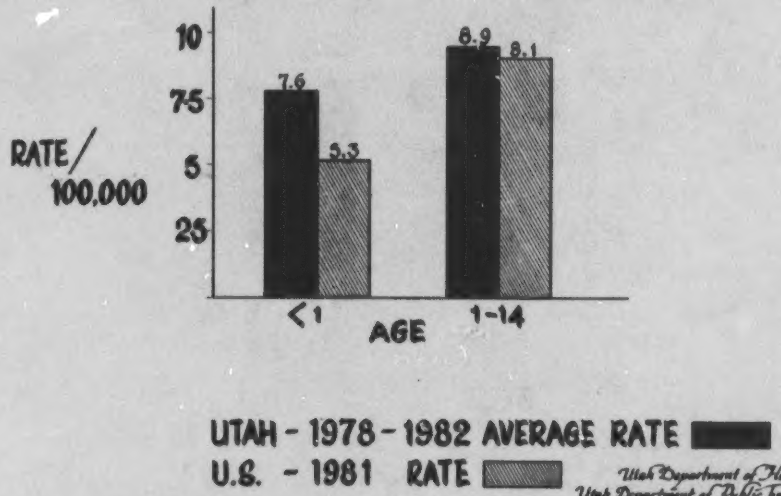
Utah Department of Health
Utah Department of Public Transportation
Utah Department of Public Safety



SERIOUS INJURIES TO CHILDREN 0-4 IN MOTOR VEHICLE ACCIDENTS UTAH OCCURENCES AND RESTRAINT USAGE 1979-1982 (554 SERIOUS INJURIES)

Utah Department of Health
Utah Department of Public Transportation
Utah Department of Public Safety

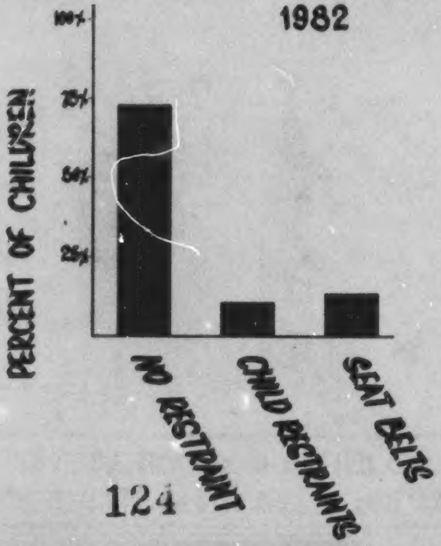
MOTOR VEHICLE DEATH RATES FOR 100,000 POPULATION UTAH AND UNITED STATES



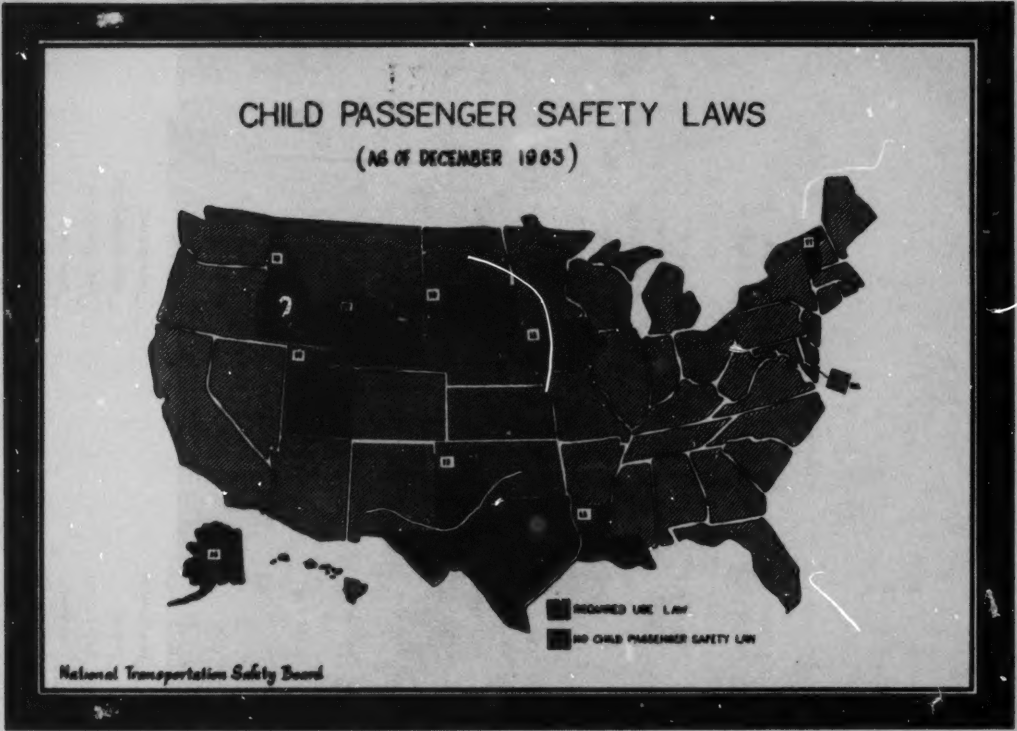
Utah Department of Health
Utah Department of Public Transportation
Utah Department of Public Safety

PERCENT OF CHILDREN 0-4 USING RESTRAINTS AT TIME OF ACCIDENT, UTAH OCCURENCES

1982



Utah Department of Health
Utah Department of Public Transportation
Utah Department of Public Safety



CHILD PASSENGER SAFETY LAWS

(AS OF DECEMBER 1983)

▨ REQUIRED USE LAW

▨ NO CHILD PASSENGER SAFETY LAW

National Transportation Safety Board

UTAH STATE DIVISION OF HEALTH
FAMILY HEALTH SERVICES BRANCH

4 - FHS - 24 - 12/76

Patient Staffing Summary

Chart Number ______________________ Date of Birth ______________________

First Rating __________ or Repeat Rating __________

Check one for each scale. Lift the page for descriptions of the first four scales.

1. Parent Understanding (or present guardian)
   - ____healthy-promising
   - ____managing-hope
   - ____insecure-protective
   - ____overreactive-defensive
   - ____fantasy-nightmare
2. Child's Progress
   - ____sprinting
   - ____swimming
   - ____treading water
   - ____sinking
   - ____drowning
3. Life Satisfaction
   - ____delighted
   - ____contented
   - ____coping
   - ____dreary
   - ____miserable
4. Emotional Comfort
   - ____comfortable
   - ____tolerable
   - ____bothersome
   - ____distressed
   - ____suffering
5. Intellectual Functioning
   - ____superior intelligence
   - ____high average intelligence
   - ____average intelligence
   - ____low average intelligence
   - ____mild retardation
   - ____moderate retardation
   - ____severe retardation
6. Degree of Physical Handicap
   - ____no handicap
   - ____mild handicap
   - ____moderate handicap
   - ____severe handicap
7. Infant and Preschool Development
   - ____advanced
   - ____normal
   - ____mild delay
   - ____moderate delay
   - ____severe delay
8. Predicted Adult Independence
   - ____independent
   - ____semi-independent
   - ____life supervision
   - ____dependent

Parent Understanding

healthy-promising	1)	Parents have a clear understanding of child's disability and the ways in which this disability will affect the child in the future, see all their choices for ways of dealing constructively with the disabled child. Seem willing to hear and act on staff recommendations.
managing-hope	2)	Parents have a good but not complete understanding of the ways in which the child's disability might be dealt with. See most of their choices for ways of dealing constructively with their child. Negative reactions to some staff recommendations without thinking them through.
insecure-protective	3)	Understand some aspects of their child's disability but do not understand others. Ambivalent in their reported or actual behavior concerning allowing the child to grow vs. being protective. Parents seem uncertain about what they should do. Ask for advice but might not follow it.
overreactive-defensive	4)	Parents see more or less hope than staff see. Seem to try, but do not entirely understand child's disability. Maintain a somewhat more protective stance than necessary. Impulsive negative reaction to many staff recommendations.
fantasy-nightmare	5)	Parents see much more or much less hope than staff see. Do not understand the child's disability, deny the child's disability, or maintain a much more protective stance with child than is necessary. Staff come away with the feeling that they cannot penetrate parent defenses. Parents clearly unwilling or unable to act on staff recommendations.

Staff Judgement of Child's Progress

This is a global rating, taking into account the child's personal resources, resilience [illegible] the impact of the child's environment. How do you feel about the total picture?

sprinting	1)	Child seems to be withstanding all of the stresses of personal handicap and life situation. Staff feels the child will be okay despite life situation and handicap.
swimming	2)	Child seems to be withstanding most of the stresses of personal handicap and life situation. Staff feels the child will be okay despite life situation and handicap.
treading water	3)	Child seems to be withstanding about half of the stresses lived with, but other stresses will have bad effects on the child.
sinking	4)	Child seems unable to cope with most of the stresses of the handicap and life situation.
drowning	5)	Child seems unable to cope with all the stresses of the handicap and life situation.

Life Satisfaction

delighted	1)	Patient derives great satisfaction or pleasure from life. Takes pride in frequent accomplishments. Dissatisfactions are there, but far out-weighed by satisfactions.
contented	2)	Patient derives moderate satisfaction or pleasure from life. Accomplishing more than failing.
coping	3)	Patient derives as much success as failure from life experiences. Satisfaction equals dissatisfaction.
dreary	4)	Patient more unsuccessful than successful. Moderate dissatisfaction with life.
miserable	5)	Patient clearly dissatisfied with life. Few success experiences. Projects a feeling that nothing is going right.

Emotional Comfort

comfortable	1)	Patient experiencing little or no emotional discomfort due directly or indirectly to disability. Emotional Distress is infrequent.
tolerable	2)	Patient experiencing tolerable emotional discomfort due directly or indirectly to disability. Distress is occasionally experienced.
bothersome	3)	Patient experiencing mild emotional discomfort due directly or indirectly to disability.
distressed	4)	Patient experiencing moderate emotional discomfort due directly or indirectly to disability. Distress experienced often.
suffering	5)	Patient experiencing severe emotional discomfort due directly or indirectly to disability. Distress is frequent.

Chairman **Miller**. Thank you, Dr. van Dyck.
Ms. Runyan.

STATEMENT OF ELAINE RUNYAN, MOTHER OF KIDNAPPED CHILD

Mrs. **Runyan**. Mr. Chairman, members of the committee, I am getting an education today.

Chairman **Miller**. So are we.

Mrs. **Runyan**. What I have to speak of today is very harsh. There are no nice words. I compliment the Congress for passing the Missing Children's Act, and I was pleased to see House bill 209 passed. I hope you will continue to work at all levels, State and local, on behalf of our children.

I am Elaine Runyan, mother of a kidnaped and murdered child, little Rachael Runyan. Many wonder what can compel me, a mother, to relive in part the most horrible nightmare a parent—even more so, their child—can experience, their kidnaping and murder. I do so in behalf of those who have suffered and in behalf of those now suffering and unfortunately on behalf of those yet to suffer.

I share with you my firsthand experience of this crime because the heinous crime of child kidnaping needs to be talked about. Indeed, when we consider the terror our sweet little ones are called upon to endure, we need to become very angry, to shout about it. When we hear of the sexual abuse directed against our children, acts of rape, sodomy, and torture, we need to become outraged.

When we see the cruel murders of little children, our most precious possessions, more dear than our own lives, I believe it is time to go to war. It is time to protect our families. Shall we continue to clutter our jails and prisons with child murderers? If so, for what purpose?

I speak in behalf of 50,000 children last year alone who became silent little victims of abductions. Five thousand were reunited with their families, alive; but I ask you, what of their scars, physical and emotional? How can they be healed? My husband and I have a deep and persistent grief for the 5,000 who are returned to their families dead, as our little Rachael was, having been victims of horrible abuse, victims who are only freed after their tender lives are trampled upon.

Oh, the heartrending sadness, as families and friends are drawn together around their little caskets, their broken bodies soon to be buried. But these crimes must not be buried with them. To those who repeatedly commit these wanton acts of lust and violence, to those who torture, rape and murder innocent, defenseless children, I say: I curse your degenerated state; I will not tolerate your child murdering. Our families are sacred ground.

Of the other 40,000 children who are stolen, ripped from the bosom of their loving families never to be seen or heard from again, we have felt a portion of your terror. Dear lost, little victims, how can our world be so cruel to you? How many of these missing children even now lie battered and broken, discarded as if trash, never to be found.

Yet they are being found, perhaps bound and cleverly concealed in a small canyon, perhaps decapitated and thrown into a murky swamp. The foulness of this crime sickens me. Imagine a precious, fragile, little life thrown away. Imagine your child, the baby whom you, as mother or father, have brought into this world and nurtured and loved, kidnaped, raped, tortured, sodomized, murdered, his or her little body turned over to the elements, soon to crumble and disappear.

Now imagine the criminal who plans, lusts, takes pleasure in gross perversions. These criminals become excited when they hurt our little boys, our little girls; they stand over their quivering, shocked, bleeding little bodies, these cowards, who kill our children.

Glimpse, feel the cold tip of this black iceberg; look down into its heartless depths; feel the pain, realize the terror. Who are these criminals? What claim to life have they after inflicting such suffering?

My husband and I are veterans of a tough fight. We have battled toe to toe with this monster. Since the beginning, we have vowed to do all that we can, inspired not by hate but by love, our love for Rachael. I speak today in order to continue that good fight, to stand tall. Our spirits have not been broken.

I urge you to get involved because this could be one of the most important causes of this country, to save the innocent. Can any greater battle be fought than to save a sweet child from unmentionable pain and terror and, all too often, a cruel and lonely death at the hands of our unknown, common enemy.

Our hearts break as we consider the fear our precious Rachael had to face all by herself. Mommy and Daddy could not help her, how she must have cried for us. No matter how hard we tried, we couldn't save her. Who could callously end her life with such apparent ease? Someday soon, I hope justice will be done—not revenge—just a child murderer's earthly end.

Get involved because right outside that door there is an all-too-real war going on between good and evil, light and dark, freedom and captivity, life and death, and up until now, the good people of this land have been losing a war we were not even aware of. How many more little ones must we bury, must we account for as kidnaped and still missing?

Our dear little children cannot protect themselves. This burden falls squarely upon our shoulders, and rightly so. History will be our judge. Indeed, the very survival of our free society may depend on the final outcome of this fight.

I ask you, of what use is America, "the land of the free," if we cannot raise our children in safety? Are you willing to accept conditions as they now prevail? Are you willing to be numbered among the ranks of pathetic apathists who bow to the philosophy that nothing can be done? Shall we allow cowards, perverts to dictate the fate of our children? There is no safe community; we are not even safe in our own homes. Your child, grandchild, every child is a potential victim.

Rather than live in fear, we must fight back with all our might, mind and strength so that we may be a Nation of free people who have high ideals and bright hopes for the future of our children. I ask you once again, are we to be beaten by the murderers of our children? Do we turn our backs and flee before a spineless, weak enemy who has no conscience? Do we allow these degenerate terrorists to attack and make war upon our families? I hope not.

Please today realize the crime, how often it occurs and how little is done.

Thank you.

[Prepared statement of Elaine Runyan follows:]

Prepared Statement of Elaine Runyan, Sunset, Utah

First, I do compliment the Congress for passing the Missing Children's Act. I was also pleased to see House bill 209 pass so quickly. I hope you will continue to work at all levels—state and local, in behalf of our children.

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Get involved to save your neighbor's child, to save your child, to save but one child. How great the battle, how sweet the victory! Get involved—because right outside that door—out there in the all too real world, there is a war going on: a war between good and evil, light and dark, freedom and captivity, life and death. And up until now, the good people of this land have been losing a war we were not even aware of. How many more little ones must we bury, must we account for as kidnapped and still missing?

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AMERICA'S LOST CHILDREN-FACT SHEET

About 1,800,000 children run away from home each year in U.S.

Majority of runaways are never reported missing, have been neglected, molested, or abused.

Only 10 percent of runaways ever return home; 10 percent are found dead.[1]

150,000 children/year are missing due to parental abductions.

60 percent of the abducting parents have a criminal record of child abuse and molestation.

These abducting parents are motivated by spite and revenge, not by love for the children.

At least 3,000 children/year are murdered by strangers; over 6,000 die at their own parents' hands yearly.[2]

25,000–50,000 children simply vanish each year.

Most missing children are never found; about 10 percent are brutally killed; a high percentage end up in pornography and prostitution, kept "in control" by enforced drug addiction.

Child molesting is the nation's most unreported crime—about 6 percent is reported.

As many as ⅓ of all children have had some kind of encounter with sexual exploitation in their childhood.

Child molestation is a crime; it involves such depraved acts as rape, sodomy, oral copulation, and for sadistic molesters, physical torture, mutilation and murder of their victims.

The American Psychiatric Assn. finds there is no mental disease which causes child molestation and no known cure.

This unspeakable crime is still being treated as a mental illness: only 10 percent of convicted molesters received prison sentences; 60 percent were released on probation!

Most molesters repeat their crimes against children—some have victims numbering 100, 150 or more.

All molesters that were hospitalized were subsequently released before they completed their terms or without any evidence of now being safe to society. (There is no known cure!)

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[1] House Subcommittee on Human Resources.

[2] National Task Force on Child Abuse and Neglect.

Chairman MILLER. Thank you.
Mr. Young.

STATEMENT OF JAMES T. YOUNG, PRESIDENT, BOARD OF DIRECTORS, CHILDREN'S AID SOCIETY OF UTAH

Mr. YOUNG. Yes, thank you.

Mr. Chairman, and committee members, we hear talk of threats of nuclear war, natural disasters, all constituting significant national problems. However, today I will address another national problem, the unwed teenage mother, no less broad in scope, perhaps often overlooked, and least understood.

In the last decade, the birth rate for unwed mothers has increased rapidly. Annually, 1 million teenagers, or 4 out of 10 teenage girls, get pregnant and must face the physical and emotional trauma and challenges of childbearing.

Although there has been a small decline in the national teenage birth rate in the last 2 years, there has been no decline in the birth rate for girls ages 14 to 17. Statistics bear out that teenage pregnancies are happening and constitute a national problem.

Why should we be concerned about teenage pregnancy in the United States? Research shows that pregnancy and childbirth among teenagers often results in severe health and social and economic consequences. Five major adverse consequences have been found repeatedly by researchers and the health and social scientists.

One, teenage mothers have more complications during pregnancies and deliver lower birth weight babies.

Two, they experience more marital disruption.

Three, unwed mothers have the increased possibility of dropping out of school. The younger the mother at the time of birth, the greater educational deficit. Unwed mothers earn less income because of educational deficits. Early childbearing is predictive of less prestigious jobs which pay poorly and provide little job satisfaction.

Finally, an unmarried adolescent who becomes pregnant once is likely to experience a recurring unwanted pregnancy. Thus, a picture evolves based on the literature, a greater number of maternal and infant birth complications, increased marital disruptions, lower educational attainment, poorer economic achievements, and additional unwanted pregnancies.

There are critical problems for the child. It has often been said by people working in the field of social work that children of adolescents suffer more physical, emotional, and intellectual handicaps than do other children. Empirical studies are now beginning to substantiate that claim.

Unwed teenage pregnancies constitute a national problem due to the established and predicted social implications and outcomes for both the mother and child. Once a teenage girl gives birth out of marriage, what choice does she have? One, if the teenage mother chooses to keep her child, what can be done to achieve greater success in the parenting effort? And if the mother considers relinquishing the child for adoption, will she receive the appropriate counseling to help her make a sound decision?

These are two major critical issues I would like to highlight. The percent of unwed mothers releasing their babies to adoption is decreasing while the portion of adolescents who are keeping their babies is increasing. A variety of short-term programs have been developed for unmarried adolescent mothers who choose to keep their babies. However, long-term intervention is vitally important.

Emergency aid is not so efficient. Early parenthood is not an affliction from which one recovers. Since 1979, Children's Aid Society of Utah has been involved with Utah State University in a pilot program, the single parent project. The project included group sessions for mothers and individual help for each child and a home-based intervention follow-up.

Continued validation of the efficacy of the program may encourage replication by other agencies working with the same population. We herald the single parent project as an example of meaningful, long-term intervention and encourage this subcommittee to explore similar programs and support funding for such projects that assist the unwed teenage mother and her child.

The second option available to unwed mothers is adoption. As an agency, we believe that adoption is an alternative which is underutilized. Research studies show a national relinquishment rate of 10 percent of the births to unwed mothers. One research study by Brocken of the decisionmaking problems of how to resolve an early pregnancy show that adoption was not even considered as an option. As an important first step in intervention is the provision of counseling of options available for the resolution of the pregnancy. An unmarried woman needs access to someone with whom she can explore the various options available to her.

The quality of counseling is likely to affect the outcome of the woman's decision about plans for herself and her child. At the present there is limited amount of theoretical or empirical research available to assist counselors.

The short-term and long-term consequences of keeping a child to a single mother has been documented by numerous researchers. However, the short- and long-term effects of releasing a baby by a single mother are not known. There needs to be continued study and research efforts so that conclusive evidence concerning adoption will be available for counselors' use. Perhaps young mothers would be more inclined to select the adoption alternative if they understood the positive ramifications for both themselves and the child.

Finally, in regard to the adoption issue, the society feels it is imperative that the rights of the children be recognized along with the rights of biological parents specifically when permanent adoption placement is being considered for children in extended foster care. American society strongly supports the concept of the family as the best and most effective way to support and nurture children.

However, even with the development of modern support services, there has been a small residual of children who will require placement outside of the home. These children then become the legal responsibility of the State. How to plan for the children and provide the opportunity for them to have a placement while allowing their parents to regain responsibility constitutes a serious dilemma. It is a question of balance between parental and children's rights.

How long is it reasonable for a child to wait for a parent to alter circumstances so that he or she can return home? Legal barriers present barriers for freeing children. Laws need to be changed to terminate parental rights for a child whose return home is unlikely. A child who has been persistently neglected should have options other than that limbo of foster care.

Our philosophical orientation has placed an overemphasis on the rights of the biological parents without an equal and corresponding emphasis on the rights of the child. The child is the most vulnerable person in these situations and the child has the most to gain or lose, and the outcome of the child is often the last considered.

We plead for appropriate consideration of children's rights. You can be the means to a very significant end in the lives of many children. Individually and as a committee of advocates for children, you can take the immediate task of helping young people to overcome penalties which life has unfairly imposed upon them and reach the ultimate goal of enabling them to grow into useful, happy adults and successful parents and citizens.

Thank you, Mr. Chairman.

[Prepared statement of James T. Young follows:]

PREPARED STATEMENT OF JAMES T. YOUNG, PRESIDENT OF THE BOARD OF DIRECTORS, CHILDREN'S AID SOCIETY OF UTAH, AND EARLY CHILDHOOD RESEARCH PROGRAM, UTAH STATE UNIVERSITY

The testimony will follow this outline:

I. Scope of the problem of teenage mothers and their children

II. Effects of Teenage Pregnancy

- A. Effects on mother
- B. Effects on child
- C. Summary

III. Effects of Releasing a Child for Adoption

- A. Effects on mother
- B. Effects on child

IV. Need for Research on the Viability of Adoption

V. The Problem of Children in Need of Permanent Placement

VI. Case Examples

I. Scope of Problem of Teenage Parents

The Birth rates for unwed mothers have increased rapidly in the last decade. Pregnancy and childbearing among teenagers constitute a significant national problem. Annually 1,000,000 teenagers get pregnant. Before completion of the teenage years four out of teenage girls will experience a pregnancy.

There has been a small decline in the teenage birth rate in the last two years. However, most of the decline is accounted for by girls age 18-19 years old. There has been no decline in the birth rate for the younger age group 14-17. The rate for girls under 14 years continues to rise.[1]

Utah has the third highest teenage fertility rate in the nation. (Fertility rates are based on the number of live births per 1,000 females of a specific age group. The rate does not include pregnancies that end in abortion). The Utah Bureau of Health statistics recorded 4,244 births to teenagers in 1982. The national fertility rate for teens age 15 to 19 is 44.7. The rate in Utah for the same age population is 60.9. In 1981, one out of every nine babies born in Utah was born to a teenage mother.[2]

II. Effects of Teenage Pregnancy

A. Effects on the Mother

Pregnancy and childbirth among unmarried teenageers often results in adverse health, social and economic consequences. Five major adverse consequences have been found repeatedly by researchers in the health and social sciences. First, unwed mothers have more complications during pregnancy and deliver lower birth weight babies. 3 Second, unwed teenage mothers have a decreased possibility of completing a high school education. Third, unwed teenage mothers experience more marital disruptions. 4 Fourth, unwed teenage mothers earn less income. 5 Fifth, an unmarried adolescent who becomes pregnant once is likely to experience a recurrent unwed pregnancy. 6

Project Talent showed that the repercussions of teenage childbearing are long lasting and multiple. Teenage childbearing results in greater educational deficits for the young mother and the younger she is at the time of the birth the greater the educational deficit. Second, because adolescent mothers are much more likely to hold jobs that they report as low prestige, and they report less job satisfaction and income earned. Third, the portion of teenage parents who were separated or divorced was higher than that of their classmates at all time periods sampled. The adolescent childbearers had been married a greater number of times than their classmates. Fourth, by the time they were 29 the teenage mothers had already exceeded their family size preference, while their classmates have not. The talent population was a sample of all Americans who attended grades 9, 10, 11 and 12 in the spring of 1960. Data covering a 15 year period was analyzed and the consequences of adolescent childbearing were assessed at three different points in the participants lives - one, five and eleven years after high school when the population was approximately 19 years old, 23 years old and 29 years old. 4

Furstenburg did a comprehensive study with 400 young adolescent mothers, their partners, parents and children. The women in the study were low income. The mothers in the study and a control group were interviewed one year after the birth of their child, three years after the birth of the child, and five years after the birth of the child. Furstenburg found that within five years of delivery of their first child, 30% of the adolescent mothers had become pregnant again at least twice. Within the total sample nearly one woman in four was pregnant again within 12 months of the birth of the first child. On the average, the adolescent mothers had twice fewer years of school than classmates at the five year follow up. One-third of the young mothers were receiving at least 1/5 of their income from welfare." 6

Moore and Waite reported on a research effort with a representative national sample of 5,159 women ages 14-24 at the time of the initial interview. Data were collected annually. Extensive information was maintained on a control group of women who postponed child bearing. 5

The study reported the younger the woman when she bears her first child the fewer years of education she will complete across race and socioeconomic subgroups. Early childbearing diminishes the opportunity of occupational development and results in diminished earnings.
5

A number of studies with smaller populations and less representative samples and no control groups for comparison have reported the same results. 7,8,9

Phipps-Yonas in a comprehensive review of over 250 articles on teenage pregnancy and motherhood, found pregnancy the most common reason for girls failing to complete high school. When teenage mothers are compared to their classmates they remain less educated. Phipps-Yonas also found teenage mothers have more children. The younger the girl at first pregnancy the more children she will have and the closer spaced. In addition, early childbearing is also predictive of less prestigious jobs, which pay poorly and provide little job satisfaction to the holder. 10

Thus a picture evolves based on the literature: first a lower education attainment, second poorer economic circumstances, third additional unplanned pregnancies and fourth, increased marital disruptions for young women who become pregnant during adolescence.

A variety of programs have been developed for unmarried adolescent mothers. There have been educational programs that focus on continuing the young mother's education. Medical programs have focused on preventing complications during pregnancy and the delivery of a healthy baby of adequate weight. There have been multiple approaches or combination programs that blend educational, medical and social services. 11,12

To help unmarried mothers who keep deal with the stigma of illegitimacy and economic hardship, long term intervention is important, because these problems do not go away. Furstenburg commented that:

> "Most programs (that serve unwed mothers) are designed to supply emergency aid to help the young mother get through the prenatal or early postpartum period. Such programs are based on an ill-conceived notion that early parenthood is an affliction from which one recovers." 6

A Program for Intervention

The Children's Aid Society of Utah has been active in adolescent pregnancy programs for many years. It has provided comprehensive counseling and placement services for pregnant adolescents but has not had the financial resources to offer long-term programs for the at-risk infants born to adolescents or to offer training to parents. The latter is especially important because parents can serve as effective teachers of their children. 13

The Early Childhood Research Program at Utah State University in conjunction with Children's Aid Society has been combined in a pilot program--The Single Parent Project--for pregnant adolescents and their at-risk preschool children. Neither agency could have this mounted alone. The project enabled the agency to bring services to a previously unserved population by using its limited resources, and enabled the university to respond to an important issue, provide relevant field-based training for undergraduate and graduate students, and demonstrate university/community partnership in research and training areas.

Characteristics of Mothers and Children in the Project

In 1980-1981 the project served a core group of 15 mothers and 29 children, who ranged in age from birth to 11 years. The mothers ranged in age from 16 years to 29 years; the majority were adolescents. For admission, mothers had to meet four or more of the following criteria:

1. single parent, alone, without the support of an extended family, or having a negative support system;
2. parent not eligible for social service from any other social service provider;
3. parent referred from the court or other child protection agency for deficiency in parenting;
4. parent had been the victim of physical or sexual abuse;
5. custodial parent below 18 years of age;
6. socioeconomic status below $1,450 per month for a family of four;
7. one or more out-of-wedlock pregnancies;
8. significant health problems;
9. education interrupted by parental responsibilities;
10. children in foster care;
11. substance abuse during pregnancy and/or continued substance abuse.

Children had to meet two or more of the following criteria:

1. low birth weight (less than 1,500 grams);
2. traumatic delivery with labor prolonged beyond 20 hours, high forceps delivery, or breech birth;
3. Apgar Score at five minutes below seven;
4. five or more days in infant intensive care unit;
5. toxemia during pregnancy or delivery;
6. lack of prenatal care until late in pregnancy (seventh month);
7. poor nutrition during pregnancy;
8. failure to thrive in first 12 months of life--poor weight gain;
9. reported victim of abuse or neglect;
10. significant developmental delay;
11. severe behavior problems.

Both mothers and children had to meet the admission criteria to be accepted in the project. No children were accepted in the project unless their mothers were also participants, and no mothers participated in the project whose children were not also participants.

Description of the Project

From its beginning in 1979 until 1980 the project focused only on the parents. Contact with the children over the previous years indicated that they also needed help, particularly with behavior problems, developmental delays, and socialization. The mothers recognized that the children had problems and were willing to participate. The project was redirected to provide a balanced and integrated intervention for both mothers and children. The group sessions for the mothers continued to focus on achieving independence, improving parenting skills, and developing viable support systems. Help based on an individualized plan was developed for each child.

A third component, home-based intervention, was added, consisting of an individual program for each mother to carry out with her child. The activities were taken from the child's individualized education program. Attainable goals were selected so that mothers and children could quickly experience success. Mothers were trained to collect measurable data so that they could see success through use of graphs and other data analysis methods. The mothers were visited each week in the home to monitor and change the programs as needed.

This phase of the project became a crucial ingredient in obtaining change in the children's behavior and increasing the mothers' skills as parents. Since parent group sessions were limited to 2½ hours weekly, change that would generalize outside of the group setting was hard to achieve. The in-home component provided more active daily intervention.

The weekly group sessions for the children used a variety of techniques and curriculum materials from several widely distributed early intervention projects with individual children or small groups of children. For some children, specific project materials were developed.

The mothers' group used materials from Parent Effectiveness Training, Head Start Parent Program, guest speakers, and project-developed materials. The group was directed by a B.S.W. social worker from the agency. The children's group was directed by faculty from the university and staffed by undergraduate and graduate students. The location was the agency, or nearby.

For most activities, the children were divided into four smaller subgroups; infants up to 24 months of age; children 3 to 5 years of age; school-age children with marked academic delay (more than 2 years) or social skill deficits; school-age children with mild academic delay and mild social skill deficits. The infant group activities were designed to provide age-appropriate stimulation and to overcome developmental delays. The preschool group focused on a variety of readiness tasks, including sitting, attending, sharing, and other pre-academic skills, such as identification of colors, shapes, counting, and letter identification. The school-age groups worked on math and reading, but mostly concentrated on behavior and social skills. The children in the school-age group had more serious behavior problems than the younger children, from frequent and severe aggressive outbursts, including verbally abusive behavior to peers and adults and destruction of equipment, to extremely withdrawn behavior.

Outcomes

In the first 2 years of the project, outcome data were maintained on the mothers. The following table reflects these data.

Table 1 Outcome Data on Program and Non-Program Parents

	Program Graduates		Non-Program	
	N	%	N	%
Employed	18	62.0	23	28
College	6	20.7	13	16
AFDC	2	6.9	30	36
Referred for Child Abuse/Neglect	1	3.5	6	7
Not Accounted For	2	6.9	11	13
	29	100	83	100

The program graduates had significantly higher employment rates, less dependence on AFDC, and fewer referrals for child abuse.

During its next phase, the project will use an experimental design to test the effectiveness of the joint program. Fifteen single parents currently being served by the program will constitute the experimental group, while 13 single parents on the agency waiting list will comprise the control group. The two groups will be compared on a pre- and post-intervention basis using both parent and child measures. The parents will be compared on knowledge of parenting skills, effectiveness in carrying out teaching activities with their parenting skills, effectiveness in carrying out teaching activities with their children, and changes in self-concept and self-efficacy. the children will be compared on language, gross and fine motor, cognitive, self-help, and social-emotional development. Validation of the efficacy of the program, if achieved, may encourage replication by other agencies working with this population.

II. Effects of Teenage Pregnancy

B. Effects on the child

It has often been said by people working in the field that the children of adolescents suffer more physical, emotional and intellectual handicaps than do other children. Empirical studies are now beginning to substantiate that claim.

1. Six percent of the first born infants of girls younger than 15 die before their first birth date. 15
2. Ten percent of the second born infants of adolescents die before their first birthday. 15
3. The above rates are 3 and 5 times greater than those for American babies in general. 15
4. In one project done under the auspices of the National Institute of Child Health with an underprivileged population found the children of teenagers had lower Bayley scores at eight months and lower Stanford-Binet scores at four years and lower W.I.S.C. and wide range achievement test scores at seven years than did matched controls. 16
5. The infant Bayley results have been replicated in a prospective study of Child Abuse by Sandler. Sandler found lower motor and mental development scores at nine months from children whose mothers were 14 to 19 years old, when compared to children of women who wers 20 to 26 years old. 16
6. Dryfoos and Belmont found lower IQ scores at age seven correlated with low maternal age. 16
7. Oppel and Royeton found that children born to mothers younger than 18 years presented more behavior problems than control group children. 17

In summary, many of the authors felt that these differences were more likely a function of the social correlates of teenage parenting rather than strictly chronological age. They believe that the outlook for the young single parent and her child is bleak.

II. Effects of Teenage Pregnancy

C. Summary

We need programs and policies based on facts and on an understanding of what works. Because of the complexity of the problems involved in adolescent childbearing it would be unwise to hope for a simple solution. Primary prevention must be looked at in a scientific manner free from the emotional arguments that now surround it. Current welfare practices that reward premature independence are self defeating. These practices may, in fact, increase the difficulties of the young mother and her child.

Current programs have tended to target very young mothers, but there is no evidence to suggest that older adolescents are more effective in coping with the situation than the younger adolescent. The service duration of current projects may be too short. Adolescent parenthood is not a situation from which one rapidly recovers.

Phipps-Yonas in her review of teenage pregnancy summarizes by saying:

> "Some 220,000 women aged 17 and younger become mothers, many thereby insuring for themselves bleak futures marked by truncated education, inadequate vocational training, economic dependency and poverty, large single parent families and social isolation."
>
> (Phipps-Yonas p. 403)

III. Effects of Releasing a Child For Adoption

A. Effects on mother

However strongly a particular community may feel that illegitimacy should be reduced, and whatever action is taken to reduce illegitimacy, some illegitimacy will always occur. With that fact in mind, we believe that adoption is an alternative which is under utilized.

The percent of unwed mothers releasing their babies for adoption is decreasing, while the proportion of adolescents who are keeping their babies is increasing. Research studies show a national relinquishment rate of less than 10% of the births to unwed mothers.18 One research study by Bracken (1977) of the decision making process of how to resolve an early pregnancy showed that adoption was not even considered as an option. 19

The trend toward fewer relinquishments may be due to the lessening stigma associated with being an unwed mother. In addition, releasing a child for adoption tends to be perceived more negatively now than it has been in the past. 20

An important first step in intervention with unmarried women is the provision of counseling concerning the options available for the resolution of the pregnancy.

An unmarried adolescent girl needs access to someone with whom she can explore the various options available to her. The quality of the counseling is likely to affect the outcome of her decision about plans for herself and her child.

At the present, there is a limited amount of theoretical or empirical research available to assist counselors. Polsby in his research effort found that professional attitudes may need to be updated. McKenz, after reviewing the literature, noted that there is a need for an "expansion of applied research." In order to upgrade the quality of counseling done with unmarried mothers about how to resolve their pregnancies, there is a need for data on the differential impacts of the keeping and releasing. The short term and long term consequences of keeping a child by a single mother has been documented by numerous researchers. However, the short and long term effects of releasing a baby by a single mother is not known.

At present our society generally perceives releasing for adoption as a form of desertion. Although adoption is perceived as good for the child and the adoptive parent, it is seen as a sad event and a great sacrifice for the unmarried mother. More needs to be known about unwed mothers who relinquish their children for adoption. It is important to explore empirically the consequences of this method of resolving an unwed pregnancy. Those who deal with these women need further information upon which to base their counseling.

An initial study by Banner, Bell and Casto of 28 unmarried mothers, 14 who kept their babies and 14 who relinquished found little difference between the groups on certain psychological measures. However, the relinquishers were doing better on certain demographic variables such as education completed, income earned, and no repeat pregnancies. Although none of the unwed mothers who kept their children said that they would make a different choice if faced with the situation again, several indicated that they did not want to have any more illegitimate children or, at least, would want to be more financially prepared for parenthood.

B. Effects on Adoption For the Child

Many studies have attempted to answer questions regarding the success of adoptive placements. Kadushin did a review of past placement adoptive studies. The majority of the studies reviewed past placements of white, nonhandicapped infants. The studies found that:

1. 66% of the adoptive placements were uneqivocally successful.

2. 18% on the average successful

3. 16% were judged to be nonsuccessful

A large percentage of the 16% which were unsuccessful were independent or nonagency adoptions. 22

Kadushin concluded that most adoptions have been successful. Adoptions carried out under agency auspices are more likely to succeed than independent adoptions.

IV. Need for Research on the Viability of Adoption

Adoption is an issue which has not received a great deal of attention. Emperical research in the area of adoption is needed. Why has the acceptance as adoption as an option changed so dramatically in one decade.

Could adoption become another form of secondary prevention. Adoption could have the possibility of wider acceptance than abortion.

More needs to be known about unwed mothers who relinquish their children for adoption. It is important to explore empirically the consequences of this method of resolving an unwed pregnancy. The empirical data in this area are outdated. 21

V. The Problem of Children in Need of Permanent Placement

We tend to value the family as a social institution in which love and gentleness abound. The family is the first socializing unit in modern society. American society strongly supports the concept of the family as the best and most effective way to support and nurture children. We as a nation believe in the right of parents to raise their children automously without the supervision of the state. With this strong philosophical background in mind we are faced with the dilemma of what to do when a child's own home presents deficiencies so serious that it cannot provide the child with minimally adequate social, emotional and physical care. In the most serious of circumstances such a child will enter into the substitute care services of the nation's child welfare system. Due to the serious consequences of removing a child from his parents, every effort must be made to keep the family in tact. Indeed, most of these children are permitted to remain in the home with supervision and other supportive services. In the last decade there has been a strong emphasis on the development of support services (day care, homemakers, mental health) to allow the family to remain intact. * But even when the best support services are available there will be a small residual of children who will require placement out of the home. These children become the legal responsibility of the state. How to best plan for these children and to provide the opportunity for them to have permanence while allowing their parents opportunity to regain responsibility constitutes a serious dilemma. It is a question of balance between parental rights and children's rights.

How long is it reasonable for a child to wait for a parent to alter circumstances so that he or she can return home? The time passes, children in foster care become distant from the parent; the responsibility for the child becomes more remote. Many children enter the foster care system at a young enough age to be good candidates for adoption, but as time passes on an adoption placement becomes unlikely. 23

Legal barriers pose the most difficult hurdle to freeing children for permanent family situations. Laws need to be changed to terminate parental rights to a child who cannot return home or whose return is highly unlikely. A child who has been persistently neglected by his family should have some options other than the limbo of foster care. How long should a child wait for a chronically mentally ill parent to become stable. What type of data do we need to decide the child has waited a sufficient time. How much or how little action is sufficient to keep a parent's legal option viable.? The limited research that is available has shown that a child's perception of permanence of belonging somewhere is important to his social psychological adjustment.

Our philosophical orientation has placed an overemphasis on the rights of the biological parents without an equal and corresponding emphasis on the rights of the child. (1) The child is the most vulnerable person in these situations. The child has the most to gain or lose and: frequently his best interest are not considered. The outcome of the child is often the last they considered. What the child needs is an optional environment to grow and develop and to surmount the damage already suffered frequently takes a back seat to parental rights. (2) We need to balance the best interest of children with parental rights.

VI. Case Examples

The following two case examples more clearly exemplify this point. In each custodial rights of the parent have far outweighed the established needs of the child.

Jeremiah

Jeremiah was born on 9/23/80, the product of a nonmarital relationship. The mother was white and the father black.

Jeremiah resided with his maternal grandmother from his release from hospital until 11/18/80. Jeremiah was born addicted to heroin and required lengthy hospital stay after birth to be withdrawn from the heroin. The mother placed the child in voluntary foster care on 11/18/80 with a private social service agency for foster placement. The mother placed the child because she was to be incarcerated in a correctional center (half-way house) on a forgery charge.

The mother had a lengthy record as a juvenile. She had been addicted to heroin for several years. She engaged in illegal activities to support her habit. Shortly after Jeremiah's placement in foster care, the mother was removed from the half-way house and returned to the prison because of disciplinary problems. She requested that the child not visit her in the prison from July 81 until December 81. Shortly after that she escaped from prison. The agency had no contact with the mother until March 1982, when she was again arrested. While on escape from the prison, the mother engaged in additional illegal activity resulting in additional charges under the federal statutes.

Because of the mother's continued criminal lifestyle and no indication from the mother that she could assume responsibility for the child, the agency placed Jeremiah in a foster home which agreed to adopt him if he was to become legally free. The foster home was one of a secure long standing stable marriage. The couple were black. The agency felt that because of Jeremiah's physical appearance and mixed racial background that this family could best meet his needs.

The mother became extremely upset with the agency over the placement of the child with a black family. She stated, "No niggers are going to raise my child."

The mother was allowed continued visitation with the child during her stay in Utah State Prison. The agency and prison continued to work with the mother to find a placement plan that would meet the child's needs and be acceptable to the mother. While Jeremiah was visiting at the prison on June 5, 1982, the mother arranged for the child to be abducted from the prison and would not discuss the child's whereabouts with the Children's Aid Society. The child was left with a total stranger who was older and mentally retarded. He did not know what or how to feed the child; did not know to change the diaper or provide the most basic care. The child was picked up by the police on a neglect complaint four days later. The child was subsequently returned to the Children's Aide Society and returned to the foster/adopt home.

The mother was transferred to a federal correctional facility in California to serve a 1-15 and two 0-5 sentences. A petition on the mother's behalf for early release was denied due to failure to cooperate with the correctional facility. She had been placed in maximum custody due to her poor behavior.

The mother refused permission for the adoptive placement with the black family. She insisted that the child be placed with a white family of her choosing. On court order the child was removed from the home where he had been for 1½ years and placed with the family the mother selected.

The question posed by this case is how much authority to control the life of a child should be granted to a parent who never assumed responsibility for that child. The mother was not a passive victim of circumstance. The mother freely selected a lifestyle that resulted in incarceration. While in prison she only partially requested visitation, while out of prison never requested visitation. She totally disregarded the welfare of the child by arranging for him to be abducted. Yet she was allowed to disrupt him from the only home he knew and a family that loved him. His needs and his rights were never considered.

Shawn

This case study concerns a 9-year-old boy named Shawn. Shawn has been under court supervision since the age of two. He was first in foster care and supervision for approximately two years in Colorado due to neglect. He was born out of wedlock on 5/21/74. His mother is Lisa, the father is not known and never established a long term relationship with mother or child.

Shawn came to the attention of the California authorities in 1978 when he was found wandering the streets by a police officer. At that time he was placed in foster care. His mother was unable to care for him due to a variety of problems.

Shawn has been in foster care continuously, except for a brief period when the mother abducted him and fled to Nevada.

Shawn was first placed in a foster home with the "A" family of California. He made a good adjustment and the family was very committed to him. The "A" family accepted employment in Utah and had to leave California. It was not possible for them to take Shawn because California was trying to work on a reunification plan with the natural mother.

Shawn went through a series of foster placements and one fost/adopt placement. His mother, Lisa, was never able to establish enough stability to be reunified with Shawn.

In 1981 the court ordered another attempt at reunification with a deadline of Sept. 1981 for Lisa to show sufficient stability for reunification. Lisa did not attempt to contact the court to comply with the order until August 1981.

In the meantime, Shawn's behavior had deteriorated and California adoption service stated he was not a candidate for adoption due to his inability to bond and the severe nature of the behavior problems.

California requested the "A" family take Shawn into their home in Utah. This was the only home that Shawn had successfully adapted to in his many moves. The "A" family still remained very committed to Shawn. Shawn was placed in Utah in December 1981.

Shawn, upon entering the "A" home, exhibited serious problems, constant tantruming, demanding behavior, obstinance and abuse to neighborhood children. The school principal stated "Shawn had an almost disastrous effect on our first grade for a period of time." It was only through extensive work with the teacher and the "A" family that Shawn was able to remain in the regular classroom.

The "A" family had to seek professional help for Shawn. Psychological evaluations and counseling all attributed Shawn's behavior to a lack of stability and a need for permanence and a sense of belonging.

Two different independent evaluations done at the request of the California court have stated it would be extremely detrimental to Shawn to move him from the "A" family.

From August 1981 to January 1982, Lisa made no contact with Shawn or the court. On learning of Shawn's placement in Utah, Lisa requested that Shawn be returned to a foster home in California so she could work on reunification. At the time Lisa was living in Oregon. As a first step, a home study was done by Oregon social services. Lisa arranged to use a friend's home and attempted to pass it off as her home. She informed the Oregon social services she was married to a certain individual. However, the worker noticed in a local newspaper the announcement of Lisa's impending marriage to another man.

At the present time Lisa is requesting Shawn's return to a foster home in California. She wants him in California so she can visit him. She does not intend to take him to Oregon and has refused to work with Oregon Social Services on reunification. The court hearing is scheduled for Dec. 12, 1983.

Again, the same question must be asked. How much authority to control the life of a child should be granted to a parent who never assumed responsibility for that child. Shawn has suffered severe psychological problems as the result of his neglect. He is just beginning to make progress and experience some stability in his life. Will he lose all that progress just to be available for visitation with a parent who has never visited on a consistent basis?

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Chairman MILLER. Thank you.
Mr. Praksti.

STATEMENT OF ROBERT PRAKSTI, DIRECTOR, PERMANENCY PLANNING PROJECT, NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES

Mr. PRAKSTI. Thank you, Mr. Chairman, and members of the committee. On behalf of the National Council of Juvenile Family Court Judges, I would like to thank Congresswoman Vucanovich and the select committee for inviting me to participate in this hearing.

My comments this morning will focus on what must be accomplished to realize the full potential of the Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272, from the National Council's point of view.

To begin with we know that nationwide the problem of children lingering in foster care is enormous. Originally foster homes were intended to be a temporary place for children to stay until they could be returned to their natural parents or placed in a permanent adoptive home.

Unfortunately it has not worked out that way. Many dependent children linger in costly foster care placements because the procedures within our social service agencies and courts fail to expedite permanent placements. These children spend their early years drifting from foster home to foster home, growing up without family ties.

Our efforts to protect abused and neglected children have frequently created a foster care maze with social service systems and judicial systems working at cross purposes. When this occurs, we essentially replace parental neglect with governmental neglect.

Public Law 96-272 calls for important reforms in our social service and judicial systems, but as we all know, changes in law may not necessarily result in improved policies and practices which help insure permanent homes for children.

At the National Council we believe that judges, social workers, legislators, and lay child advocates must work together, to go beyond mere compliance with the act, if our children are to realize their right to permanent families, and we have developed several specific recommendations on how the courts can maximize the benefits of Public Law 96-272 and permanency planning.

First of all we stress that judges must be committed to court review and permanency planning. It is imperative that judges and others understand the rationale for increased judicial monitoring and the checks and balances envisioned in Public Law 96-272 so that they will make permanency planning a personal priority.

In discussing Public Law 96-272 and the need for permanency planning, we point out that many children enter foster care unnecessarily, that after entering the system, children routinely get lost and linger in foster care placements, and that foster care is an unfortunate place for children to spend lengthy periods of time.

We emphasize that children in the system routinely move from foster home to foster home, that placement decisions must be made in accordance with the child's sense of time, and that children need more than food, clothing, and shelter; they require unbroken continuity in their relationships with an adult for normal development.

After establishing that, many children do linger in foster care and that is bad for them.

We talk about what the courts can do to improve how the system functions. We stress that the first step in permanency planning is preventing the unnecessary placement of children in foster care and insuring services to reunite natural families who have become separated.

We recommend using dispositional proceedings to develop goal-oriented, time-limited treatment plans and to facilitate continued parent/child contact.

We also recommend an inventory of all children already living in foster care so that the court knows the status of each child's case and a plan of permanence is developed.

Finally, we recommend regular, sensitive, and demanding judicial review. We stress that judges are the ultimate decisionmakers for dependent children and that they have the authority and obligation to make sure that children do not enter foster care unnecessarily or get lost in the foster care system.

We also offer practical suggestions on how courts can become actively involved in foster care review. Judges, who are already overburdened with crowded court dockets, may have legitimate concerns regarding their ability to conduct regular, sensitive, and demanding review hearings.

At the National Council we feel that if we identify a judge who wants to become actively involved in foster care review and we do not make practical suggestions on how this can be accomplished, then we have dropped the ball.

Court-appointed citizen review boards with a direct line of communication to the judge can be extremely helpful in providing external review, particularly in urban areas where there may be thousands of children in foster care and the sheer volume of cases makes in-court review difficult.

Court-appointed special advocates, lay guardians ad litem appointed to monitor children in placement, can also serve as the eyes and ears of the court and help insure that children do not get lost in foster care.

We point out that communication and cooperation between child welfare agencies and courts are essential for effective foster care review. Judges and social workers must be available to discuss issues of mutual concern openly and candidly. They must be upfront about gaps in services, limits in resources, or uncovered cases. Courts and agencies cannot help one another overcome these obstacles unless they are aware of the problems.

Finally, and most importantly, we recommend enlisting top management commitment to maximize the benefits of foster care review. The value of Supreme Court involvement in developing a statewide strategy for implementing permanency planning has been demonstrated in Missouri and several other lead States. Supreme Court involvement makes permanency planning a statewide priority and provides the clout to implement changes in law, policy, and practice which help insure permanent homes for children.

Supreme Court involvement also strongly encourages and promotes top management commitment from the executive and legislative branches of Government.

Supreme Court involvement and leadership in Missouri has resulted in changes in State statutes; proposed improvements in court rules; increased public awareness and support for permanency planning; improved cooperation and coordination between judges, social workers, and lay child advocates throughout the State; and, most importantly, a substantial decrease in the number of children living in long-term foster care. The Missouri task force offers a model for judicial leadership which we are currently replicating in other States.

In closing, it is our observation at the National Council that judges generally feel that their work with dependent children is extremely important. Many judges, both juvenile court specialists and judges of general jurisdiction, feel that this is the most important thing they do.

When confronted with the facts regarding the problem of children drifting in foster care, most judges want to become actively involved in implementing Public Law 96-272 to help insure permanent homes for their parentless children.

Thank you for allowing me this opportunity to testify.

[Prepared statement of Robert Praksti follows:]

PREPARED STATEMENT OF ROBERT PRAKSTI, J.D., M.S.W., DIRECTOR, PERMANENCY PLANNING PROJECT, RENO, NEV.

DESCRIPTION OF THE PROBLEM

The problem of abused and neglected children drifting in foster care is enormous. Nationwide, there are more than five-hundred thousand (500,000) children currently living in foster care at a cost to the taxpayers of well over two billion dollars ($2,000,000,000) per year. Many of these children linger in costly foster care placements because the procedures within our social service agencies and courts fail to expedite permanent placement. They spend their early years drifting from foster home to foster home growing up without family ties.

Our efforts to protect abused and neglected children have frequently created a foster care maze, with social service systems and judicial systems working at cross purposes. When this occurs, we essentially replace parental neglect with governmental neglect.

In response to the problem of children drifting in foster care without resolution of their ultimate living conditions, the United States Congress enacted Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980. The Act directs federal fiscal incentives toward alternatives to placement and provides protections for children to help ensure that they receive permanent homes in a timely fashion.

Public Law 96-272 calls for several specific reforms, designed to reduce the misuse of foster care, including:

Improved preventive services to avoid unnecessary out-of-home placement;

Efficient case planning and enhanced efforts to reunify families;

An inventory of all children in foster care so that the state knows the location of each child and the status of his case;

A system of case review, which includes a semi-annual hearing by a court or an administrative body.

The Act is also structured to increase the court's role in review and monitoring of children in foster care by:

Increasing judicial scrutiny of the removal of children from their homes,

Assuring court monitoring of foster care cases,

Increasing procedural safeguards for children and their parents, and

Encouraging better communication and coordination between courts and child welfare agencies.

IMPORTANT REFORMS IN SOCIAL, JUDICIAL SYSTEMS

Public Law 96-272 calls for important reforms in our social service and judicial systems but any law is only as good as its application. Many states require additional information and assistance to effectively implement permanency planning. Judges, legislators, social welfare administrators and lay child advocates in states and communities throughout the country may want to make permanency planning work for their parentless children, but they often lack the know-how to get the job done. Without proper information, technical assistance and training, the spirit and intent of Public Law 96-272 will not be realized and many children will continue to be denied their right to permanent families.

THE NCJFCJ PERMANENCY PLANNING PROJECT

The National Council of Juvenile and Family Court Judges, founded in 1937, is a national professional membership organization of more than 2,500 judges with juvenile and family law jurisdiction, court-related personnel and decision-makers in the juvenile justice system. The Council's National College of Juvenile Justice is located on the University of Nevada-Reno campus. NCJFCJ is supported through grants and contributions from various federal agencies, project and general support grants from private foundations, businesses, individuals, membership dues and publications income.

The Permanency Planning Project has been, and continues to be, generously funded by the Edna McConnell Clark Foundation of New York, with additional funding for intensive training and implementation in Missouri from several private sector donors led by the Danforth Foundation of Saint Louis. Recently, the U.S. Department of Health and Human Services provided additional funding to enable the NCJFCJ to bring the program to three additional states.

The NCJFCJ Permanency Planning Project is structured to help judges, legislators, social workers and lay child advocates work toward changes in law, policy and practice, which will help insure permanent homes for abused and neglected children.

The Permanency Planning Project provides information, technical assistance and training on how to:

Develop state law, court rules and agency regulations, which implement permanency planning and judicial review of children in placement;

Improve early judicial screening of cases to avoid unnecessary out-of-home placement;

Establish and use home-based preventive services prior to out-of-home placement and the unification services designed to rehabilitate and reunite families;

Use dispositional proceedings to develop goal-oriented, time-limited treatment plans and facilitate continued parent/child contacts;

Use judicial or court appointed third-party review proceedings to reduce the number of children drifting in foster care;

Secure permanent homes for children who cannot be returned to their biological parents through termination of parental rights and adoption or guardianship;

Improve communication and cooperation between the judicial, executive and legislative branches of government;

Use citizen volunteers as court-appointed special advocates or as foster care review board members to aid the court in finding permanent homes for children; and

Provide speedy review of abuse, neglect and termination of parental rights cases on appeal.

PREVENTION FIRST STEP IN PERMANENCY PLANNING

The first step in permanency planning is preventing unnecessary placement of children in foster care and insuring services to reunite natural families who have become separated. Judges, lawyers and social workers can benefit from training on new developments in preventive and reunification services practice and law.

The NCJFCJ Permanency Planning Project is working with the National Resource Center on Family Based Services at the University of Iowa, School of Social Work; and other allied agencies to develop materials on preventive and reunification services for dissemination to judges and other key people.

Training, relative to the court's role in implementing family-centered services, is a part of the National College of Juvenile Justice training programs and State training programs for judges, court and social welfare managerial personnel, state legislators and other key actors in the field. We provide technical assistance and training on preventive and reunification services centering on:

How to improve early judicial screening of cases to avoid unnecessary out-of-home placements, and

How to develop and implement home-based preventive services prior to out-of-home placement, and reunification services designed to rehabilitate and reunite natural families.

JUDICIAL TRAINING A TIMELY CONCEPT

Judicial training regarding preventive and reunification services is a timely concept due to the Public Law 96-272 requirement that, after October 1, 1983, there must be a judicial determination in each case prior to removal; that the agency has made reasonable efforts to prevent or correct the need to remove the child; and that it was thereafter determined not in the child's welfare to remain at home. Case plans, which assure that services will be provided to parents, children and foster parents to improve conditions in the parent's home and facilitate return of the child, are also required.

While Public Law 96-272 and numerous state statutes require judicial review of children in placement, the laws do not address how to structure review hearings. The NCJFCJ Judicial Review of Children in Placement Deskbook provides clear guidelines for conducting review hearings and outlines the procedural and substantive matters to be considered on review.

During the past two years, the Permanency Planning Project has distributed over one thousand (1,000) copies of the Deskbook to judges, attorneys, legislators, social workers and lay child advocates throughout the country. Comments regarding the value and usefulness of the Deskbook have been uniformly positive. The Project currently receives several requests each week for the Deskbook and for permission to duplicate the publication. The Judicial Review of Children in Placement Deskbook is an indispensable manual for judges and other persons involved in case review.

Since 1969, the National Council, through its training division, the National College of Junvenile Justice, has reached more than forty thousand juvenile justice professionals and volunteers through an average of forty (40) national, regional and state training sessions a year.

MEETING THE INCREASED DEMAND

Permanency planning lectures at National College of Juvenile Justice training seminars have been expanded to meet the increased demand for information on Public Law 96-272, judicial review of children in placement and related topics. Presentations by national experts in the field focus on "how-to" implement changes in law, policy and practice, which will help ensure that children are returned to their biological families or freed for adoption when reunification is impossible. Participants attending NCJJ training programs also receive the Judicial Review of Children in Placement Deskbook.

The NCJFCJ Permanency Planning Project also functions as a national information clearinghouse on issues related to permanency planning. Judges, attorneys, social workers, legislators and lay child advocates throughout the country turn to the National Council as a resource for information on "how-to" implement Public Law 96–272.

During the past twelve (12) months the Project has answered requests for information, technical assistance and training from thirty-eight (38) states and the National Council is directly involved in working with the following organizations:

The U.S. Department of Health and Human Services, Office of Children, Youth and Families; the Child Welfare League of America; the North American Council on Adoptable Children; the American Bar Association; the American Public Welfare Association; the National Child Welfare Leadership Center; the Children's Defense Fund; the National Court Appointed Special Advocate Association; the National Association of Review System; the National Council of Jewish Women; the National Center for Family Based Services; and the National Conference of State Legislatures.

A PLACE FOR CITIZEN REVIEW

When crowded dockets or heavy caseloads prohibit judicial review of children in placement, the National Council recommends using Court Appointed Foster Care Review Boards. While there is no substitute for direct court involvement, Citizen Review Boards appointed by the court can be helpful in the review process. Review boards are particularly useful in urban areas where there are thousands of children in foster care and the sheer volume of cases makes judicial review difficult.

The purpose of a court-appointed board is to review the cases of children in foster care periodically and submit its findings and recommendations to the court. Any findings or recommendations of a review board are advisory in nature and must be submitted to the court usually within thirty (30) days of the review hearing.

The presiding juvenile court judge in each county or circuit appoints review board members; each board usually has three to five members, who serve for one-(1) to three-(3) year terms. It is essential that review boards are independent citizen volunteers and that persons appointed to foster care review boards receive comprehensive training.

The National Council also actively supports the development of Court Appointed Special Advocate programs.

Court-appointed special advocates, lay guardians ad litem, appointed to monitor children in placement, serve as the eyes and ears of the court and help ensure that children do not get lost in foster care.

The Court Appointed Citizen Review Board and Court Appointed Special Advocate programs have successfully demonstrated the utility of using interested and concerned citizens in an influential way to promote the interests of dependent children.

The problem of abused and neglected children lingering in foster care, belongs to all three branches of government. Child welfare issues are not always given the priority they deserve in state legislatures. Services and reforms are frequently mandated without sufficient funding for implementation. Many judges feel that they lack the support services required for permanency planning and this is related to funding problems at the state level.

Coordinating the efforts of executive, judicial and legislative initiatives for children is essential. State legislators play an important role in defining and shaping the service-delivery system for children and their families. They must be involved in developing strategies to implement permanency planning. The Permanency Planning Project and the National Conference of State Legislatures are working together to help legislators address issues related to the shifting fiscal and political responsibility for children and youth programs.

The NCJFCJ Permanency Planning Project has answerd formal requests for intensive in-state technical assistance and training from California, Georgia, Louisiana, Massachusetts, Michigan, Missouri, New Jersey and Ohio. Criteria for selecting Project "lead states" include a commitment for judges, social service administrators and legislators who are interested in working toward changes in law, policy and practice, which will help ensure permanent homes for the state's parentless children.

RESULTS SHOWN

The project is beginning to provide dramatic positive results as the following statistics from the State of Missouri show:

	December 1982	August 1983
Temporary adoptive placement	470	543
Finalized adoptive placement	330	480
Long-term foster care	1,342	901
Temporary foster care	3,080	2,872
Aftercare—children returned to natural home under court supervision	1,547	2,087
Independent living	59	58

It is important to note that the number of cases of long-term foster care were increasing every month in Missouri before the Permanency Planning Project was put into place. That means the project, in addition to lowering existing statistics in this category, also reversed an unfavorable trend. The significant increase in Adoptive Placements is also notable. The value of State Supreme Court involvement in developing a state-wide strategy for implementing permanency planning, has been demonstrated by the Missouri Supreme Court Task Force on Permanency Planning for Abused and Neglected Children and the Michigan Supreme Court Interdisciplinary Permanency Planning Committee.

Supreme Court involvement in Michigan and Missouri has made permanency planning a state-wide priority and provided the clout to implement tangible and lasting improvements, which help ensure permanent homes for children.

STATE SUPREME COURT LEADERSHIP

Supreme Court involvement has also encouraged top-management commitment from the executive and legislative branches of government. The accomplishments in Missouri and Michigan are examples of what can be achieved when the Supreme Court plays an active role in implementing permanency planning. Both groups offer models for judicial leadership which must be replicated in other states if we are to maximize the benefits of foster care review.

The issues involved in appeals of juvenile court orders terminating parental rights, resolving custodial conflicts and adjusting the rights of children to permanence, are among the most volatile and difficult faced by appellate court judges. State statutes which implement Public Law 96–272 and call for judicial review of children in placement, have resulted in a substantial increase in the number of child custody cases appealed. Many appellate judges do not have juvenile court experience and are not familiar with the problem of abused and neglected children drifting in foster care. Training which examines the problem as it relates to the appellate court, is essential to ensure permanent homes for children in a timely fashion.

The NCJFCJ Appellate Judge Permanency Planning Training Project is working with other national organizations to plan and provide training on issues related to permanency planning exclusively for appellate court judges. The American Bar Association, Judicial Administration Division, Appellate Court Section, Education Committee; the Conference of Chief Justices; the National Center for State Courts; are involved in a cooperative effort in this regard. During the next two years, the NCJFCJ Appellate Judge Permanency Planning Training Project will reach over five hundred (500) appellate court judges.

For the past ten (10) years, the NCJFCJ has been actively involved in providing training and technicial assistance to help states implement judicial review of children in placement and permanency planning. The National Council also helped draft and supported the enactment of Public Law 96–272, the Adoption Assistance and Child Welfare Act of 1980. The NCJFCJ strongly recommends court review of children in placement. Judges are the ultimate decision-makers for abused and neglected children. They have the authority and duty to make sure that children do not enter foster care unnecessarily or get lost in the foster care system. Court review ensures due process and provides the structure for goal-oriented, time-limited decision making. The value of active judicial support for implementation of the Adoption Assistance and Child Welfare Act of 1980 "Public Law 96–272" and permanency planning, cannot be overstated.

Chairman MILLER. Thank you very much.

Next the committee will hear from Susan Vassau Tall Bull. Before you testify, Ms. Tall Bull, I would like to include in the record at this point a statement from Congressman Pat Williams introducing you to the committee and attesting to your professional background and the cooperation you have provided him and others on the matter of your testimony. I would like that to be included in the record at this point. You may proceed.

[The information follows:]

Statement From Hon. Pat Williams, a Representative in Congress From the State of Montana

I'm pleased that Susan Tall Bull is appearing before the Select Committee on Children, Youth and Families today. Ms. Tall Bull is the acting director of Qua Qui, the Indian Center in Missoula, Montana and works directly with the Health program. This experience, plus her past position with Montana United Scholarship Service and over 12 years of professional work in Indian affairs provides the background for the message she will share with you today. Her degree is in Secondary Education from the University of Montana.

Mr. Tall Bull is an enrolled member of the Northern Cheyenne Tribe and the mother of four children.

As the Select Committee on Children, Youth and Families examines the needs of this nation, it is critically important that the acute and specific needs of the first inhabitants be documented and that solutions be found. Recently I had the privilege of chairing a congressional forum at Save the Children's Fifth Annual National Indian Child Conference in Spokane, Washington. The constant theme which echoed throughout the testimony was the importance of reuniting Indian children to their families and cultures; reinforcing their pride in being Indian and reaffirming their proud heritage—not only to Indians but to other citizens of the United States. The problems are many. I encourage the Select Committee to assist the Congress in finding solutions. I am pleased that Ms. Susan Tall Bull is prepared to help you in this effort and extend my greetings and appreciation for her appearance before this committee today.

STATEMENT OF SUSAN VASSAU TALL BULL, ACTING EXECUTIVE DIRECTOR, QUA QUI CORP.

Ms. TALL BULL. Thank you, Chairman Miller.

My name is Susan Vassau Tall Bull, and I am acting executive director and health director of the Qua Qui Corp., Missoula Indian Center, appearing here today on behalf of the 2,600 urban Indians representing over 45 different tribal affiliations residing in Missoula County.

I need to point out at this time that approximately 55 percent of the Indian population in Missoula County are really not what is considered urban Indians, but off-reservation Indians. Many of these people are coming to the urban setting for the first time in their lives and have encountered all the kinds of transitional types of problems that they face when they make this transition from reservation to urban life.

In my written testimony, I have included a historical perspective, and it is just a very brief overview which I will not go through at this time. My purpose for including that was to show the magnitude of the kind of changes the Indian people have had to face in coming to live in the contemporary world today.

At some point, the Federal Government must recognize the fact that not all Indian people want to be assimilated into mainstream society.

The second point that needs to be recognized by the Government is that with the enactment of the Indian Self-Determination Act of

1975 and the Federal dollars that accompanied the act, Indian organizations, tribes, et cetera have only been developing their own programs and forms of Government for 8 years. This form of development requires time and expertise. It took this Nation's Government over 200 years to evolve to the form of democratic government that we have today.

Although we constitute less than 1 percent of the entire U.S. population, we are the fastest growing minority group in this Nation. According to the 1980 census there are now over 1 million Indians. It is felt that this is a conservative figure due to the inaccuracy of the 1980 census regarding the Indian population.

In the State of Montana, the 1980 figure for the Indians was 10,288. However, according to population surveys conducted by the urban Indian centers, there are over 30,000 Indians in Montana.

Our people are the poorest of the Nation's poor and faced with the many times overwhelming problems that accompany poverty stricken people. Thousands of Indian children and families, both on and off the reservation, are being affected by these problems.

We as Indian people have the highest rate of alcoholism of any people in this Nation. We have the highest infant mortality rate, we have the highest rate of suicide among our teenagers. The average life span for an American Indian male today is 49 years of age.

In Missoula County, the unemployment rate for Indians is 79 percent. Statistics available in the agency where I work show related caseload statistics indicate that spouse abuse and/or battering occurs in 100 percent of the cases. Even with the enactment in 1975 of Public Law 94-437, the Indian Health Care Improvement Act, health care for Indians is still not adequate and up to parity with the rest of the Nation.

According to surveys conducted by the seven urban Indian health programs in Montana, 90 percent of the clientele have no other means of health coverage available for them. Public Law 94-437 is up for reauthorization in 1984, it is absolutely imperative for the continued survival of Indian people to have this piece of legislation reenacted.

The dropout rate for Indian youth in the Missoula County Public High School System is extremely high with over 55 percent of the students dropping out. The age eligibility criteria for the Older Americans Act is 60, making many of our elderly clients ineligible for the services provided under this act. Our clients are not eligible to participate in the senior nutrition programs and many of them are forced to live on inadequate diets that do not meet their nutrition requirements and cause health-related problems.

This is significant for two reasons, the first being, as already stated earlier, that Indian people do not live as long, we acquire elderly status amongst our people at an earlier age and because of our values and belief systems, the elderly members of our family are a very important and integral part of our family structure.

Along with the overwhelming problems that Indian people in Missoula face in coping with poverty is the problem of racial discrimination that they face on a daily basis. According to documented cases, the Indian families face this problem in the areas of employment, housing, seeking health care, seeking legal assistance, education, and when applying for public assistance.

The first year of the Reagan administration, the Qua Qui Corp. annual budget for operations and direct services was reduced from $285,000 to around $70,000. This reduction has made it extremely difficult for us to maintain the bare minimum of services necessary for survival.

This type of action has undone in a very short time all of the accomplishments that had been made toward improving the lifestyles of America's first citizens and the positive steps that both Indians and non-Indian people had taken toward obtaining self determination and ending the dependency by Indian people upon the Federal Government.

On behalf of the Indian population in Missoula, I would like to offer my heartfelt appreciation for the opportunity to testify before you on the problems of Indian children, youth, and families. I hope the information that I have provided to you will be helpful to you in your positions as lawmakers and eventually will bring about some positive changes for Indian people. Thank you.

Chairman MILLER. Thank you very much.

[Prepared statement of Susan Vassau Tall Bull follows:]

PREPARED STATEMENT OF SUSAN VASSAU TALL BULL, REPRESENTING QUA QUI CORP., MISSOULA INDIAN CENTER, AND THE URBAN INDIAN POPULATION OF MISSOULA, MONT.

My name is Susan Vassau Tall Bull and I am Acting Executive Director and Health Director of the Qua Qui Corporation, Missoula Indian Center appearing here today on behalf of the 2600 Urban Indians representing over 45 different tribal affiliations residing in Missoula County.

I. HISTORICAL PERSPECTIVE—OVERVIEW

There is an assumption that all Indian people want to be assimilated. This is not always the case. This becomes very clear when you take a look at the rate of failure of every administrations' efforts to successfully deal with the "Indian Problem" for over 500 years. A brief overview of some of the policies that were enacted and for the most part failed miserably is provided:

The Missionary approach with the establishment of a French Jesuit mission school in Havana for the Indian children of what is now Florida in 1568. On March 24, 1617 King James I directed the Anglican clergy to raise funds for the establishment of churches and schools for "Christianizing and Civilizing" the Indian children of what is now the state of Virginia. Introduction in 1789 of the Treaty Policy period. In 1830 The Indian Removal Act was enacted to facilitate westward expansion, extermination and annihilation that occurred during the 1800's by removal and the "Great Indian Wars". On March 3, 1871 with the enactment of the Appropriation's Act the treaty making period ended and inaugurated policy of domestic affairs relationships with Indians. That same year the Reservation Policy Period began. In 1879 General R. H. Pratt established at Carlisle, Pennsylvania the first Indian boarding school located off a reservation. The Pratt philosophy of removal of students from family and tribe and imposition of rigid military discipline characterized Indian education for the ensuing fifty years.

In 1887 the passage of the General Allotment Act, the Indian land base was decreased from 140 million acres to approximately 50 million acres. In 1928 Lewis Meriam's Report disclosed Federal paternalism and exceptionally poor quality medical and educational services. As a result of this report some social reform became possible. The Indian Reorganization Act in 1934 provided in part for tribal self government. That same year the Johnson O'Malley Act became effective and provided for education, health, social welfare and agricultural assistance. In 1950 under the direction of Dillion S. Myer the policies of assimilation were reinstated and he introduced the policies of termination and relocation. In 1954 10 termination bills were introduced in Congress of which 6 were passed into law. In 1968 President Lyndon B. Johnson advocated Indian tribal self-determination and rejected the Federal Policy of Termination. In 1970 President Richard M. Nixon called for Indian self-determination and a new House Concurrent Resolution repealing the termination policy contained in HCR 108. In 1975 P.L. 93-638 the Indian Self-Determination and

Education Assistance Act was passed by Congress. In January 1983 President Ronald Reagan issued his policy statement regarding Indians, the thrust of his policy and 3 stage plan of implementation denies the existance of over 55% of the entire Indian population of this nation.

At some point the federal government must recognize the fact that not all Indian people want to be assimilated into main stream society. The second point that needs to be recognized by the government is that with the enactment of the Indian Self-Determination Act in 1975 and the federal dollars that accompanied the Act Indian organizations, trit etc. have only been developing their own programs and forms of government for 8 years; this form of development requires time and expertise.

It took this nation's government over 200 years to evolve to the form of democratic government that we have today.

Although we constitute less than 1 percent of the entire United States population we are the fastest growing minority group in this nation. According to the 1980 census there are now over 1,000,000 Indians. It is felt that this is a conservative figure due to the inaccuracy of the 1980 census regarding the Indian population. In the state of Montana the 1980 figure for Urban Indians was 10,288, however according to population surveys conducted by the Urban Indian Centers there are 30,000 Urban Indians in Montana.

Our people are the poorest of the nation's poor and faced with the many times overwhelming problems that accompany poverty stricken people. Thousands and thousands of Indian children and families both on and off the reservation are being affected by these problems.

II. PROBLEMS

We as Indian people have the highest rate of alcoholism of any peoples in this nation. We have the highest infant mortality rate, we have the highest rate of suicide among our teenagers. The average life span for an American Indian male today is 49 years of age. In Missoula County the unemployment rate for Indians is 79 percent. Statistics available in the agency where I work show that 85 percent of the children that we provide services for are abused or neglected in some fashion. In family related caseloads statistics indicate that spouse abuse and or battering occurs in 100 percent of the cases. Even with the enactment in 1975 of Public Law 94-437 the Indian Health Care Improvement Act, adequate health care for Indians is still not up to parity with the rest of the population. According to surveys conducted by the 7 Urban Indian Health Programs in Montana 90 percent of our clientele have no other means of health coverage available to them. Public Law 94-437 is up for reauthorization in 1984, it is absolutely imperative for the continued survival of Indian people to have this piece of legislation re-enacted.

The drop out rate for Indian youth in the Missoula County public high school system is extremely high with over 50 percent of the students dropping out.

The age eligibility criteria for the Older American's Act is 60 years of age making many of our elderly clients ineligible for the services provided under the act. Our clients are not eligible to participate in the Senior Nutrition programs and many of them are forced to live on inadequate diets that do not meet their nutrition requirements and often times lead to health care problems. This is significant for two reasons, the first as already stated earlier, Indian people do not live as long, we acquire elderly status amongst our people at an earlier age and because of our values and belief systems that are still intact the elderly members of our family are a very important and integral part of our family structure.

Along with the overwhelming problems that Indian people in Missoula face in coping with poverty is the problem of racial discrimination that we face on a daily basis. According to documented cases the Indian families face this problem in the areas of employment, housing, seeking health care, seeking legal assistance, education and when applying for public assistance.

The first year of the Reagan adminsitration the Qua Qui Corporation annual budget for operations and direct services was reduced from $285,000.00 to around $70,000.00. This reduction has made it extremely difficult for us to provide even basic services that are desperately needed for survival.

This type of action has undone in a very short time all of the accomplishments that had been made toward improving the life styles of America's first citizens and the positive steps that both Indians and non-Indian people had taken toward obtaining self determination and ending the dependancy by Indian people upon the federal government.

On behalf of the Urban Indian population of Missoula I would like to offer my heartfelt appreciation for this opportunity to testify before you concerning the problems and needs of Indian children, youth, and families. I hope that the information that I have provided for you will be helpful to you in your positions as law makers and eventually will bring about positive changes that will benefit Indian people.

Mr. MARRIOTT. Thank you to everyone on the panel. Your statements have been well documented and we will study them in great detail.

I just want to ask Dr. van Dyck a question about the child restraint.

What is the cost? If the Utah Legislature adopts the proposal to put this restraint program in place, what would the cost be and what do you think the cost will be if they don't?

Dr. VAN DYCK. The car seat costs somewhere between $25 and $30 to $50. We hope the parents would be willing to purchase a car seat that costs in that range. However, in every county in this State and practically every hospital, there is a loaner program available and that is true in many other States in the Nation as well, and for a cost of between $5 and $8, a person can receive a car seat on loan from a local health department, a State health department, a hospital and have the use of that seat for a year until the child outgrows it and it becomes necessary to purchase a toddler seat.

So the cost per individual, per child, is somewhere around $35, $40, $50, or $5 to $8 if it is loaned.

The cost to society is clearly much greater—550 serious injuries over a 4-year period in this State. Many of those children were hospitalized at this hospital. We have some preliminary cost estimates and I believe it was around $10,000 per admission for those children where serious injuries occurred. On the other hand, those children that came and were seen in emergency rooms had an average cost of $100 who were restrained.

Chairman MILLER. If the gentleman would yield, do you have any idea of how those accidents broke down in terms of public expenditure versus private expenditure? I assume some of those patients had private insurance and others were on public assistance programs?

Dr. VAN DYCK. We are compiling that information now and within a week or so should have it available.

Chairman MILLER. Would you send that to the committee?

The figures that we were given upstairs when we came in the hospital were that the average cost of the hospitalized child was $7,776. This was for the children that recovered. For the children who did not recover, it was much higher than that. It would seem to me that it would be in the States' interest and the insurance companies' interest to give people an infant seat to use for a year and get it back from them when they charge them $5. This is in terms of the public expenditures.

Dr. VAN DYCK. Right, and I think we also have to do an educational campaign for insurance companies who sell auto or accident policies. Some insurance companies now are providing infant car seats when a family signs up for insurance because they recognize how good a preventive deal it really is.

Chairman MILLER. I think in a number of hospitals in California, a baby is sent home from the hospital with the seat.

Dr. VAN DYCK. That is certainly our goal.

Mr. **Marriott**. Thank you. I hope the State legislature will act promptly on that issue and get that law into effect.

Let me just say I wish I could ask everybody some questions but the time is gone.

Let me just say to you, Elaine, I appreciate very much your coming. You have been very bold in going around under a very difficult situation and advocating some solutions to these problems and I want to congratulate you for coming. Our hearts are with you. We appreciate what you are doing and I am sure that with your help and the help of the committee we can solve this problem.

I thank you very much and to all the committee members, I appreciate your being with us today.

Thank you, Mr. Chairman.

Chairman **Miller**. Mr. Wolf.

Mr. **Wolf**. I have no questions, just to thank the panel and, Miss Runyan, again thank you for your testimony, Dr. van Dyck, and all of you. Because of the lateness of the hour, I will again not ask any questions and thank you very much.

Chairman **Miller**. Mr. Fish.

Mr. **Fish**. I have no questions.

Thank you, Mr. Chairman.

Chairman **Miller**. Mr. Coats.

Mr. **Coats**. Just to say thank you to all the panelists and thank you also to Congressman Marriott for his diligent work and his staff for arranging this and having you all here. It has been a very instructive, learning day and I thank you all for that.

Chairman **Miller**. Barbara.

Mrs. **Vucanovich**. I would just like to ask a question of Mr. Praksti. Are judges generally aware of the Adoption Assistance and Child Welfare Act of 1980?

Mr. **Praksti**. While I would say most judges are aware of the act, it is also true that many judges have never heard of Public Law 96-272 or permanency planning. It is a communications problem that exists because of how people are going forward with implementing the act.

Mrs. **Vucanovich**. Of course, a lot of judges are perhaps rotated into the position of being juvenile court judges. I know they certainly are in the State of Nevada and I don't know if that is true anywhere else so probably it is not funneled that way because they probably are only assigned for a year or so. Is that correct?

Mr. **Praksti**. The juvenile court is oftentimes where a jurist begins his career and many judges rotate off the juvenile bench within a year or two so there will be a continuing need to keep judges aware of changes in law and policy, particularly at the Federal level.

Mrs. **Vucanovich**. I am sure we could ask many more questions.

Thank you very much for coming and testifying. I appreciated all of the panelists testifying. It is very emotional and very helpful to us.

Chairman **Miller**. Let me also thank the panel, and Dr. van Dyck. This committee did not receive the report, I believe, but the Senate caucus did have the study by the Governor of Maine on children's accidents. In that study there was a great disparity in terms of the minority community over the white community. Have you done that kind of study to indicate the chances of those children, the greater risk to those children?

Dr. VAN DYCK. We have looked at that. It is difficult in this State because we have a very small number of minorities. We do tend to see the same thing, however, in our minority populations here, but it is not as significant information as coming from a State with a higher percentage of minority people.

Chairman MILLER. Mr. Young, I want to publicly thank the Children's Aid Society, both nationally and in this State, for the help in creating this committee. I think the issues that you brought out in terms of permanency and continuity of adults around children is one that we will continue to struggle with.

The National Council on Juvenile and Family Court Judges obviously was very helpful in writing a good portion of Public Law 96-272. As the author of that, I don't want to hear that there are judges who don't know of its existence. We have got to do something about that. We have to change that. They are clearly the key if we are going to have success with respect to permanency planning for the children. We must understand the time frames that children must deal with as opposed to those of adults when we put a child in placement for 6 months and the child is 2 years old. We are talking about 25 percent of their life. Those are the kinds of timeframes that I think must be understood and the judges are the individuals that can enforce that.

Mrs. Tall Bull, I don't think that James Watt said it in the proper fashion. I have sat on the Interior Committee now for 10 years as has Congressman Marriott and Congressman Patterson. The statistics that continue to be presented to that committee and to this committee as we heard from representatives of Native Americans in Minnesota really point to failure on behalf of the Federal Government. I don't want to extrapolate it out to liberal or conservative politics. All kinds of administrations have not done well on behalf of Native Americans in this country.

It is the intent of the chairman of this committee, after some consultation with Mr. Marriott and others, to have expanded hearings on Native Americans as a particular family grouping in this country and we would look forward to working with you, the Cheyennes and other tribes on helping us to put together that grouping of hearings because I think it is the population that really needs some concentrated effort if we are going to work out of this morass.

It is just simply unacceptable for any of us in public life to allow that to continue. I think we really have got to give it the kind of review that it hasn't had in the past. So I thank you very much for coming here from Missoula. And, Elaine, I thank you very, very much for your testimony and I am very, very sorry about the tragedy that you and your husband had to go through.

In the area I represent, we are in the middle of being torn apart by the replication of that incident with respect to a number of very small children, and we appreciate you coming forward and speaking about it and I think helping other parents that have had that really almost unbelievable experience.

With that, if there is not any other questions or statements by members of the committee or the panel, we will adjourn until tomorrow in Orange County, Los Angeles and I want to thank everybody who helped to put this hearing together; Congressman Marriott, his staff, the staff people in the city for all their hospitality and those of you who were nice enough to sit through the entire proceedings, thank you very much for your attendance and again if you think there is something that we missed or something that you can be helpful to us with, please don't hesitate to let the committee know about it.

Thank you very much.

[Whereupon, at 3:45 p.m., the select committee adjourned.]

Intermountain Pediatric Trauma Center, Pediatric Life Flight, Salt Lake City, Utah

STATISTICS ON CAR ACCIDENT VICTIMS AT PRIMARY CHILDREN'S MEDICAL CENTER, 1983 DATA

Number of injuries to date: 95; number of deaths: 6; and number of children restrained: 8.

None of the children who were restrained sustained a serious injury; 70 percent of the children who were not restrained sustained head trauma; 50 percent of these children required admission to the hospital; and 10 percent of these children still suffer from serious sequellae such as seizures, paralysis, and blindness.

The average charge for the restrained children was $105.

The average cost for the hospitalized children was $7,776.

The average cost for the children who died was $12,575.

Association for Retarded Citizens—Utah,
Salt Lake City, Utah, December 6, 1983.

Representative Dan Marriott,
Select Committee on Children, Youth, and Families,
Washington, D.C.

Most people dream of their child as future President of the United States. Parents of severely handicapped children dream of having a sheltered workshop for their employment.

Most people dream of going to Hawaii. Parents of severely handicapped children dream of having a weekend alone together to regroup.

Most people dream of having their child graduate from high school. Parents of severely handicapped children dream of having their child be potty trained.

Most people dream of having their child run a marathon. Parents of severely handicapped children dream of having their child walk by himself/herself.

Most people dream of having lots of cute grandchildren. Parents of severely handicapped children dream of having a child who is somewhat self-sufficient.

Most people dream of having their child be a lawyer and argue the cases of the land. Parents of severely handicapped children dream of their child being able to tell them where it hurts and how much.

Most people dream of being in the top income bracket. Parents of severely handicapped children dream of having enough money left to take their "normal" children to the dentist or to buy glasses for them.

Most people dream of owning a mansion. Parents of severely handicapped children dream of having enough money to replace "holey" drapes and to get new carpeting.

Most people dream of leaving a small inheritance to their children. Parents of severely handicapped children dream of finding someone whose family can withstand the rigors of an older handicapped mentally retarded person when they are gone.

Most people dream of retirement at a lovely resort. Parents of severely handicapped children dream of keeping their families together and going on an occasional outing.

Most people dream of a new car to drive their friends to a concert. Parents of severely handicapped children dream of parts to fix their old Chevy to take their children to the doctor.

We all hope for the day when we can have help for families who keep their children at home and not put all the available funds into an institutional setting. We love our children and want to keep them at home with us but it is really difficult when the only place where help is offered is in the institutional setting. Would it not be much more cost effective to offer some help to those families who keep their children at home in the community?

Currently, public assistance is based on family size and income no matter what the costs of the child are. We need to redefine the parameters and guidelines for persons of all income brackets so that assistance can be obtained when the welfare of the family is jeopardized.

Respectfully submitted,

MARY ANN HOWES,
Immediate Past President,
Davis County ARC.

PREPARED STATEMENT OF RICHARD M. PARKS, EDUCATIONAL COORDINATOR OF THE SPAFFORD SCHOOL, SALT LAKE CITY, UTAH

I am Richard M. Parks. I am the Educational Coordinator of the Spafford School located in Salt Lake City, Utah. Our school serves severely emotionally handicapped adolescents coming from primarily Utah, Idaho, Wyoming and Nevada. Our school operates as a result of a partnership between the Salt Lake City School District, the State Board of Education of Utah and the LDS Hospital.

I wish to speak to one point today, which is:

Public and private partnerships can be used to reduce the costs of heretofore expensive and impractical programs for the handicapped.

Public law 94-142 guarantees an appropriate and free education for all handicapped children regardless of their handicapping condition. Cost cutting and budget slicing have threatened this mandate.

Some handicapping conditions occur too infrequently to make it practical for individual school districts to serve these particular students (such as severely emotionally handicapped).

The State of Utah has devised a unique method of serving these students in a cost effective way. I would like to focus on the relationship between the LDS Hosptial and the Spafford School.

The State of Utah, through its Multi-District Handicapped Fund, provides the Spafford School with $92,000/year. This money is funneled through the Salt Lake City School District. It provides for the salaries of three certified Special Education teachers, three classroom aides, plus a supplies and equipment allotment. These tax dollars go directly to serving youth.

The private agency, the LDS Hospital, provides about $60,000 worth of services to the school and its students. The hospital puts at the disposal of the school, a school building along with heat, electricity, water, etc.; some supplies and equipment; and the use of clinics, dietary services, etc. This enables these students to have a complete range of services at their fingertips. Severely emotionally handicapped youth often have health problems as well. It is important to note that the Spafford School serves fifteen hospitalized youth among the 36 students served daily overall. The students hospitalized participate in group, individual and family therapy, in addition to attending school.

The LDS Hospital of course also receives advantages as a result of the partnership. While school is in session they do not have to pay hospital personnel to be with the adolescents. Also, and most importantly, having a school component gives the hospital's Adolescent Psychiatric Program a more complete approach to the needs of the youth served.

Other advantages of this situation include:

1. These services prevent the 40 school districts of Utah from having to bill each other for the services provided by the Spafford School and the LDS Hospital.
2. The school services the youth and not the private facility.
3. The over-burdened State Hosptial is relieved of having to deal with so many patients.
4. The public monies involved are funneled into direct services for the youth.

In conclusion, since 1975 the right to an education for all handicapped has been guaranteed under law. To dismantle this law because it is not cost-effective approaches the ludicrous. The law and what it says is right. To maintain 94-142, unique and innovative approaches to the money problem must be approached. We, at the Spafford School and the LDS Hospital Adolescent Psychiatric Unit, believe we have one of the solutions to the cost of appropriately educating the handicapped.

I would like to extend an invitation to all the members of the Select Committee on Children, Youth, and Families, and especially Congressman Marriott, to visit our school to further explore the unique partnership which exists there between a public and a private agency.

THE CHILDREN'S CENTER,
Salt Lake City, Utah, January 4, 1984.

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES,
House Office Building, Washington, D.C.

To Whom It May Concern:

My name is Dr. Agnes Plenk, and I am the founder and executive director of The Children's Center in Salt Lake City, Utah. I appreciate the opportunity to submit a statement to this committee. It seems important that those of us who "work in the trenches" have an opportunity to share some observations and frustrations with all of you. The Children's Center is a private, non-profit agency treating pre-school age children with behavioral difficulties. To our knowledge we are the largest such center in the country. One hundred-thirty (130) children are transported daily to our two day-treatment centers and remain with us for three hours.

Our treatment program is based on developmental and dynamic principles; all of our children, many of whom have been emotionally and physically abused, lack trust in adults and have had many failure experiences. They consider themselves failures and approach the world aggressively or not at all. Unless helped at this early age, they might easily become burdens to themselves, to society in the form of school dropouts, delinquents and perpetrators of the aggression and violence they have seen in their own homes. One of the main goals in The Children's Center's treatment philosophy is the teaching of alternate behavior patterns to the ones the children have until now used which have served them so poorly. Early intervention and stimulation frequently unearths talents which have been buried under aggressive, acting out behaviors.

Follow-up studies done at The Children's Center have shown that 85% of the children treated are able to maintain in a regular classroom; usually treatment lasts between 6 and 9 months. These good results are due to the intensive treatment relationship formed between the therapists and the children. All therapy is taking place in groups of 9 children with two professional mental health workers and two community volunteers. This high child/adult ratio permits much individual attention and furthers the formation of relationships based on positive success experiences.

All parents are also seen in counseling, depending on their need. Parenting issues are usually dealt with during the early phases of treatment, either in individual sessions or in groups. As Utah has a large number of female headed households with children under six years, many of our parents are single, very young mothers, greatly overburdened by daily demands on their resourcefulness, patience and ability to manage. A hyperactive, aggressive, unruly child frequently is the last straw leading to abuse, neglect and rejection. Emotional deprivation occurring so frequently has devastating effects on a child's emotional development and must be remedied early to be countered.

At the present time very little attention is paid to prevention through early intervention and treatment facilities like The Children's Center. Funding is a continuous problem, the waiting lists are long and pre-school treatment centers hardly existing. Hopefully, the committee will recognize that delinquents, abusing parents and many of our emotionally disturbed adults were at one time young children who could have been helped to lead positive, productive lives had treatment facilities been available to them at an early age. Prevention is our only hope for the future. The solution to the high rate of dysfunctionalism, whether this expresses itself in teenage pregnancies, alcoholism or sexual abuse, does not lie in after-the-fact security facilities, abortion or prison, but in recognition of early malfunction and appropriate intervention. The Children's Center in Salt Lake seems to offer such an alternative.

Sincerely,

AGNES M. PLENK, Ph. D.,
Licensed psychologist.

PARENT EDUCATION RESOURCE CENTER,
DAVIS SCHOOL DISTRICT
Formington, Utah, December 13, 1983.

SELECT COMMITTEE FOR CHILDREN, YOUTH, AND FAMILIES,
House Office Building Annex 2,
Washington, D.C.

DEAR COMMITTEE MEMBER: My name is Mary Hughes. I am a social worker and the director of the Davis School District's Parent Education Resource Center also known as "PERC." I took the opportunity of attending your December 6th Salt Lake City hearing. I wish to commend you for your efforts and found it very encouraging to see and feel first hand your interest and compassion in behalf of the people you represent. I am certain that you find it very helpful to hear directly from people in their own communities.

As I listened to testimonies throughout the day, I was impressed with the concern and dedication the participants demonstrated as they shared their concerns and frustrations. I felt certain that all their concerns were fully justified and it served to reinforce my own feelings that there is much work to be done. To take it one step further, it reinforced over and over again in my mind the need for cost effective programs which serve in a proventive capacity. Prevention is a somewhat difficult area to identify and is even more difficult to document and evaluate. Even so, I feel there is much that can be done and I am most happy to be working in a program which combines both prevention and intervention. In the crucial area of prevention, we must look towards the future and search for means and ways to attack the root causes of child abuse, neglect, divorce, substance abuse, poor academic achievement, mental illness, lack of responsibility, etc. We must help families to be strong from within, to keep lines of communication open, to foster self-esteem of individual members. We must find increased means of supporting and encouraging families with handicapped members. The list goes on and on, and to complicate matters, these means must be cost effective. The needs are many and broad based and to find any one program that addresses all of them is an impossibility. On the other hand, there are many programs within the United States that are making some very worthwhile strides in these areas and I feel our's is one.

We operate under the auspices of the Davis School District. We act much like a lending library but our holdings are uniquely selected with the goals of helping parents deal with problem areas, foster communication, enhance family relationships and take an active role in their children's education. We not only have information for parents but have "tools" for them to use with their children. These "tools" are in the form of non-competitive games, learning toys, filmstrips and selected children's literature which focuses on values, problem solving or challenging situations a child might be facing. Personal assistance is given to parents in selecting appropriate materials and short term counseling around the child-parent relationship is available. Referrals to other community agencies are made when appropriate. In our area, there is much interest in parenting within the school district, church and community groups. We work with them, supplying information and materials which will augment their efforts, taking the effects of PERC further out into the community.

In addition to the above service, we organize and implement various parent education activities in the form of lectures, seminars, workshops, etc. These are open to the general public and are held throughout the school year. Specialized classes addressing specific parenting needs and concerns are also facilitated.

In my capacity as a social worker and director for the center, I find that many parents are eager and searching for the type of help we provide. Many young parents are reflecting upon their own parenting and the seeking more effective and positive ways of working with their children. I truly feel that they are young parents of today are or can be the "change generation" because of this searching. If there is truth in this assumption, it seems not only prudent but imperative that we implement cost effective programs which will assist them in their efforts.

One question always comes to mind and that is how do we serve "the difficult to reach" family. A honest answer is only through working closely with other agencies such as the family service organizations, the protective service workers, the public health nurses and other professionals within the community. Because of this fact, close coordination with the various community agencies is crucial. One thing in our favor however, is that we operate within an educational institution and our image is a positive and non-threatening one.

We are very pleased with what we are doing in our center and it has been satisfying to see the center grow over the past six years from concept to a productive and well accepted program. Our funding is not firm and each year we are fearful there might not be a next. We also find ourselves feeling some frustrations because we cannot keep up with the demands. We need to find innovative ways of taking our services out further into the community because we are aware that we are just scratching the surface.

As I listened to the testimonies, I sensed a grave concern for the emotional welfare of our nation. I share this concern and feel that many of the difficulties we are facing can only be remedied through early intervention with individual families. Strong families, produce strong individuals.

I urge your committee to seek out new programs and approaches which can help this happen. Considering these strong feelings on my part, I would like to take this opportunity to offer some suggestions for your consideration.

1. Programs in behalf of the welfare of children, youth and families should be given top priority in the eyes of the legislators.

2. Prevention should be a strong component of such programs. The various states and communities within these states should be encouraged to develop such endeavors and support their continuation.

3. Ongoing programs should be investigated and evaluated as to the effectiveness. Successful program participants should be encouraged to share their expertise with others throughout the country. We need to build upon what we are successfully accomplishing. It is essential that individual efforts be tailored to the unique needs of the area which they serve, but much can be gained by sharing with others.

4. It is essential that funding sources be identified for existing programs to continue and for new ones to be started. A crucial factor is the continuation after a program has once been started. All to often programs get off to a good start on seed money but disintegrate when the initial funding source drys up.

Once again, I do commend you for your efforts and I am most appreciative of this opportunity to share my views and concerns with you. I would be most happy to be of assistance in anyway possible to further your worthwhile cause.

Sincerely,

MARY F. HUGHES,
Director.

AN INNOVATIVE APPROACH TO PARENT EDUCATION

The Davis School District's Parent Education Resource Center, also known as PERC, is a comprehensive community educational program. With a staff of four, whose ultimate goal is helping parents strengthen their familes from within, and the help of many volunteers, some 10,000 persons received PERC services last year.

The PERC program is sponsored by the Davis School District and draws upon descretionary funds available within the District.

The Davis School District is located in northern Utah, a part of a comparatively heavily-populated area known as the Wasatch Front. Geographically, the Davis District covers Davis County, a long, narrow strip of land sandwiched between Utah's two largest cities, Salt Lake City on the south, and Ogden on the north. It is bordered on the east by the Wasatch Mountains and on the west by the Great Salt Lake. In recent years, the area has developed from a group of rural communities to a largely suburban area and is among the fastest growing counties within the United States. In 1940, 20,000 people were living within the area. By the year 2000, the population is expected to reach 3,000,000.

Today, Davis District is Utah's third largest school district with a 1982–83 enrollment of 42,000 or 11 per cent of Utah's total school-age children. There are 42 elementary schools, 11 jurior high schools and six senior high schools within the District. The District is well-known within the state educational system for comprehensive special education as well as vocational programs.

Operating on the premise that a child's interaction with parents and other family members often reflects on his achievement and behavior in the classroom, the Center offers help to parents in many ways and on many subjects.

The Center is located in the Monte Vista School at Farmington which is centrally loacted within the District. It operates much like a lending library, and makes available to parents both adult and child-oriented items.

The PERC Center provides supportive services for the District's special services personnel such as social workers and psychologists. Appropriate educational materials are identified, obtained and made available to school personnel as well as other professionals within the County who work in behalf of children and families. The teacher in the classroom is welcome to refer parents to the Center for services regarding individual concerns or difficulties they might be experiencing with their children.

Under the auspices of special education, the District offers educational diagnostic services through the Diagnostic and Support Center which is housed in the same building as the PERC program. Both organizations work hand in hand in behalf of the youngster in the school setting who might be experiencing learning or behavioral difficulties. The same type of relationship is maintained with the personnel of Head Start, the Young Mother's Program, the school nursing programs, Title I, Pupil Personnel, Adult Education and other supportive programs interested in the welfare of the individual student.

Over the past six years, the staff has been actively involved in helping other districts within the State of Utah plan and implement similar programs, sharing the knowledge and expertise they have gained as a forerunner in the State PERC program. Extensive bibliographies of parent education materials as well as planning and implementation handbooks have been developed for the use of others interested in beginning similar endeavors.

The Center is staffed by a certified social worker, a receptionist-librarian, a media processor and a secretary/project coordinator. They strive to maintain a friendly and inviting atmosphere, one in which parents feel free to share concerns and needs. Children are welcome, and there is a special play area for their use. The Center operates throughout the school year and during this time much happens at the Center:

A mother comes in seeking general information about the expected behavor of a two-year old and leaves, relieved, knowing that her child's behavior is within the realm of normal.

Another mother comes in seeking helpful information concerning bedwetting, a problem which plagues two of her children.

A distraught couple arrive at the Center, hoping to find insight and answers to the difficulties they are experiencing with a teen-age daughter. They find useful information as well as a Certified Social Worker available for consultation.

A mother with a neurologically-impaired child visits the Center. She finds information about her daughter's condition, and someone to share her many concerns.

A father comes into the Center searching for information which will help him motivate his young son in the area of academics.

School District and community professionals working in behalf of children arrive, wishing to research a particular problem area. They often bring parents into the Center, introducing them to the program and the help available.

A mother brings her young child in to select a toy which will be a special learning tool for the coming week.

A father checks out a filmstrip on bicycle safety which he will show and discuss with his children later in the evening. An expectant mother finds books on new babies which she will use in preparing her children for the birth of the new baby expected in their family.

A recently divorced father, who is assuming custody of three small children, finds help in making the many necessary adjustments that will be coming his way in the future months.

Parents of learning-disabled children find informative reading material and also the opportunity of attending a class which will help them understand their child's frustrations and difficulties as well as positive ways of working with that child.

The Center provides sound information on teaching in the home about human sexuality, offering both filmstrips and books for use of parents in the educational process with their children.

These are but a few of the daily happenings at the Center.

The Center offers much help in problem areas, but perhaps the major value of the program lies in the fact that it is preventive in nature, not only helping parents with the here and now concerns, but helps prevent little concerns and difficulties from developing into full-blown and grave family problems at a later date.

The Davis PERC program is comprehensive in nature with the prime goal of helping parents enhance their parenting skills.

In addition to the books, filmstrips and educational toys which are available to parents on a loan basis, individualized guidance and consultation by certified social workers concerning child-parent difficulties is available, with referral to other community agencies being made when appropriate.

Periodically throughout the school year, an in-depth, six-week training course is offered to parents. This is designed to help parents acquire specific parenting skills and insight into the behavior of their children.

During the school year, various workshops and seminars are offered which deal with such topics as discipline, developing responsibility in children, understanding the adolescent, and the unique challenges and concerns of single parents. Special programs are planned and presented which fulfill the needs of parents with handicapped children.

The Center maintains a working relationship with other community agencies working in behalf of children and families. It has teamed with the Davis County Child Welfare Services in developing and implementing a program to help abusing and neglecting parents relate with their children in a more positive manner.

The program is recruiting, training and utilizing volunteers from the community with the main objective of helping the parents develop a more positive self-image, become less isolated from the community and acquire or improve positive parenting skills. The volunteers work directly with the parents, but before doing so, they participate in a training program under the guidance of a social worker.

As the PERC program has grown over the past six years, various PTA organizations, both on a regional and local level, have been actively involved, offering much thought, time and supportive effort. Various members have helped in the planning and implementing parent education activities.

For the past year, PERC staff and PTA volunteers have developed and presented an educational program for parents of elementary school age children concerning teaching in the home about human sexuality. This program is being presented in conjunction with the PTA organizations of local elementary schools within the District. in addition to this, two satellite PERC centers, one in each end of the District, have been organized and are manned by local PTA volunteers, taking the PERC services further into the community.

Quite possibly the greatest impact of the Center has been preventive in nature and this type of intervention is difficult to measure. The response of parents and others interested in the welfare of children has been gratifying and indicates the need for such programs. Much of the quality of life to be experienced by future generations depends upon the strength of the individual families and the quality of parenting that has gone into forming these families.

Keeping this in mind, perhaps a few thoughts expressed by parents utilizing the PERC program might indicate the worth and impact of the endeavor.

"I feel happier with myself and my family since learning and reinforcing better techniques."

"When I can bring home to my children a variety of toys and activities, we enjoy being together and learning about these things. Obtaining new ideas and activities has helped me feel calmer and not so edgy."

"My relationship with my family has changed dramatically for the better because of PERC."

"The books, resource material and non-judgmental "ear" I received at PERC gave me answers, tools and hope that I could and will become the kind of parent I want to be. I was even helped with some special sleeping problems that are now resolved. PERC is something every area needs, especially with the alarming incidence of child abuse and neglect in the country."

"I feel much better about my role as a mother because of the material I've received and studied from PERC."

"I need all of the reminders and helps I can get in dealing effectively with my children. Many times I've been excited by the suggestions in the books and realize that they really work."

"I was getting involved in a lot of power struggles with my daughter especially as I was also being a too 'good parent.' PERC helped me see what I was doing to my relationship with my daughter and gave me courage to not put a 'perfect' front on all the time."

"The help I received at the PERC Center doesn't have a price. It may have made the difference between life or death for myself and my children. It completely turned our lives around."

These are but a few of the comments received from patrons of the Davis School District's Parent Education Resource Center, and are but an indication of the true value of the program, a program which is not only preventive in nature but also helps with the every day difficulties parents experience with their families.

This innovative approach to parent education holds much promise, bringing the school, community and family together, working toward a common goal, that of producing emotionally healthy and productive citizens for the world to come.

Credits.—Compiled by staff members of the Davis School District's Parent Education Resource Center.

DAVIS COUNTY SCHOOLS PARENT EDUCATION RESOURCE CENTER STATISTICS, 1980-82

[April 1982]

	1980-1981	1981-82
Number persons visiting PERC Centers: [1]		
June	355	387
July	372	380
August	219	275
September	479	902
October	763	1,056
November	1,004	1,122
December	377	584
January	1,126	858
February	1,141	1,250
March	1,654	1,460
April	1,223	618
May	977	
Total	7,594	8,892
Number books checked out from PERC Centers: [1]		
June	[2] 583	[2] 590
July	[2] 477	[2] 500
August	[2] 228	[2] 256
September	516	642
October	764	801
November	962	802
December	239	397
January	901	796
February	1,019	976
March	1,113	953
April	745	609
May	573	
Total	8,120	7,322
Number filmstrips checked our from PERC Centers: [1]		
September	332	252
October	522	342
November	394	446
December	126	251
January	565	541
February	655	537
March	383	654
April	405	355
May	236	
Total	3,618	3,378
Number toys checked out from PERC Centers: [1]		
September	218	358
October	228	469
November	256	377
December	111	201
January	461	272
February	551	476
March	689	654
April	405	171
May	236	
Total	3,492	2,978
Number of Parent Education Groups Held	206	144
Number or Persons Attending Parent Education Groups	4,652	4,108
Volunteer hours:		
September	11	27.5
October	62	52

DAVIS COUNTY SCHOOLS PARENT EDUCATION RESOURCE CENTER STATISTICS, 1980–82—Continued

[April 1982]

	1980-1981	1981-82
November	92	48.5
December	103	34
January	160	91.5
February	146	65.5
March	457	312.25
April	82	62.5
May	109	48.5
Total	1,222	742.25

[1] Includes Satellite Centers at Orchard Elementary and Cook Elementary.
[2] This figure includes books, toys and filmstrips for the summer months.

ATHLEEN B. COYNER, R.N., M.S., FAAN,
Bountiful, Utah, December 5, 1983.

SELECT COMMITTEE FOR CHILDREN, YOUTH, AND FAMILIES,
House Office Building Annex 2,
Washington, D.C.

DEAR COMMITTEE MEMBERS: I wish to present this letter as testimony in lieu of being able to offer testimony at the Regional hearings to be conducted in Salt Lake City, Utah, on December 6, 1983.

I am a Nurse Consultant and Specialist in Infant Development. I had the unique opportunity of serving as a Maternal Child Nurse Consultant with the Utah Department of Health for over thirteen years. In that position I founded and administered the Utah Infant Development Program which provides home-based services to handicapped and high-risk infants birth to three years. The services are provided by specially trained public health nurses and are free of charge to families throughout Utah. This unique program has proven very beneficial to children and their families and offers a blend of health and developmental services which are both cost effective and preventative in nature.

As a private consultant I am now working with the Salt Lake District and Davis District Parent Education Centers (PERC's) teaching classes for parents of infants, newborns and toddlers. A curriculum of topics presented includes health concerns, sleep and feeding problems, behavioral techniques and other approaches that assure the advancement of developmental milestones in an appropriate fashion. I want your committee to know what a tremendous service is provided within these two school districts by the PERC's; I'm certain other PERC's throughout the state are doing an excellent job also.

These centers, nineteen in number until recent cutbacks forced closure in some areas, were originally funded as a special line-item budget project between the Utah State Office of Education and the Utah State PTA. They were designed to offer parents in the local area multiple resources that would promote better parenting and home-management of children of all ages. To that end, each center has developed a library of check-out books, audio-visual aids and equipment, and toy packets to be used by parents free of charge. Financial restraints have frustrated expansion of classes taught and purchase of new books, etc., as well as having resulted in cutbacks of staff. The two programs where I work closely at present are just "hanging on", and if not appropriately funded will lose their ability to assist the many families seeking help there. It is a paradox to realize that as the benefits of the PERC's have expanded, funding has been systematically reduced!!

I urge you to support the continued funding of such programs as well as give recognition to these marvelous "shoestring" efforts of local and state schools in promoting the health and welfare of children and families in our communities.

Sincerely,

ATHLEEN B. COYNER, *R.N., M.S., FAAN.*

PREPARED STATEMENT OF NINA W. PALMER, PRESIDENT, OLYMPUS COMMUNITY PTA COUNCIL ON YOUTH

I wish to thank you for this opportunity to give written testimony to the Select Committee on Children, Youth, and Families of the United States House of Representatives.

In reading over the objectives of your committee and statements made by members of your committee, I understand that you are interested in hearing from people who represent the grass roots of America about the problems facing them but even more importantly, what the causes of these problems are and how the private sector can be brought into the solutions to these problems.

I represent a grass roots movement in one of our Utah high school communities in Salt Lake County, which is attempting to deal with the problem of substance abuse (drugs and alcohol) among our youth. Our community has recently (May 1983) organized various facets of our community under the sponsorship of the PTA into a community council on youth. For the past three years a group of parents in the community has been laying the groundwork for this council through a framework of a parent support group on drug and alcohol abuse.

The objectives of this support group have been to educate the public concerning all aspects of substance abuse by holding monthly public information meetings during the school year. Through posters, newsletters and flyers sent home with elementary school children, parents have been notified of these meetings. We have found that our community, like so many others, have not found this a pleasant subject nor one that is popular and our response at first was disappointing. The first year the attendance at these meetings averaged about five people in addition to the PTA representatives. However, we were very encouraged when approximately seventy-five people attended our first meeting last year with an average attendance of about twenty-five for the remaining meetings. The last meeting of the school year in May focused on how to deal with youth who are currently using substances and how to get them into treatment. About twenty parents asked if we would continue holding these group meetings during the summer months on an every other week basis. This we did with professional help from a non-profit agency, The Cottage Program, Inc., who provided a psychologist, Dr. Barbara Boineau, to meet with us. (This group has been instrumental in forming two additional support groups in neighboring schools. We also hope to arrange for parenting classes at the feeder elementary schools for those parents who wish to work on prevention.)

Last spring, members of the parent support group felt the need to enlarge its goals and focus. We realized that the ultimate responsibility for youth belongs to the family, yet, society has provided the family with many support systems. We recognized the need to draw together the community so that we could work unitedly in finding the causes, identifying the needs and the problems and working together to formulate the solutions. We also faced the reality that substance abuse is only one of many symptoms of a societal illness which has many causes. Growing up in America today is hazardous to one's health!

We felt that the family needed help from the various segments of the community such as the school, church, governmental agencies, etc., so we brought together the power within our community by inviting strong and active people from each of the following categories to become members of our council: PTA representatives from the feeder schools into the high school, school administrators, teachers, counselors, school district personnel, church representatives, drug/alcohol service providers, mental health specialists, professionals (physicians), bankers, service organizations, and media representatives. There are approximately sixty-five council members. We will shortly add youth and representatives from local businesses.

The work of the council is divided into three areas: Youth, Public Information, and Parent Education. The programs and services of our council are described in the attached newsletter. Also attached is a list of goals or objectives that we have either started (as shown by a superior figure one) or plan to start when we have enough volunteer help. A copy of our parent handbook, "What to do if * * *", which has recently been published, is also attached for your information.

Until this fall, all of our funding has been out-of-pocket with a little help from the high school PTSA organization and some printing done by the high school. This past summer we applied for some grant money that was recently appropriated by the state legislature during last year's session. We were awarded $3,580. In addition, other organizations have been funded to provide services for our community such as the parent support group, the natural helpers program, youth council, and after the first of the year, a truancy school. We will have to broaden our base of funding for we plan to open an office and hire a part time staff person to man the office. We feel confident that we can find a room somewhere in the community rent free. The office will be used for information, referrals, speaker's bureau, lending library (books, films, video tapes, tape recordings), pamphlet distribution, etc. The present volunteer time commitment has been overwhelming for a number of council members. We estimate that at least $65,000 will be donated this year in volunteer time.

In conclusion, our goals are to reach the youth, their families, and the general public in helping to prevent the problems of substance abuse and to confront the issues and work very hard to develop solutions! By working together we know we can reach our goals.

Olympus Community PTA Council on Youth

STRUCTURE OUTLINE

1. *Youth Area—Youth Council:* (a) Natural Helper Program; [1] (b) Group Therapy; (c) Improvisational Theater; (d) Peer Tutoring; (e) Peer Court; (f) Community Service Projects; (g) Job Mart; (h) Truancy School; and (i) Youth Center.

2. *Public Information:* (a) Community Public Meetings; [1] Chemical People—November 2nd, 7th, and 9th. (Channel 7); (b) Speaker's Bureau; (c) Distribution of Literature; (d) Workshops; and (e) Newsletters.

3. *Parent Training:* (a) Parent Handbook; [1] (b) Parent Support Group; [1] (c) Adult Volunteer Training: (1) Speaker's Bureau, (2) Natural Helper's Program, and (3) Truancy Program; (d) Parent Training.

4. *Financial:* (a) Grants; [1] (b) Contributions; [1] (c) Fund raising; (d) Budget: Newsletter, Supplies, Telephone, Subscriptions, Publications, Meetings, and Office.

5. *Secretary/Treasurer:* (a) Minutes; and (b) Notices, maintain books, checking account.

Prepared Statement of LaMar Eyre, Director, Youth Services Center, Salt Lake County, Murray, Utah

10 intakes: 8 females:

Age 12.—American Indian, adoptive parents, repeated runaways—seriously depressed.

Age 16.—Runaway/throwaway family crisis. Adoptive father/natural mother.

Age 16.—Habitual runaway—resides in mother-only home.

Age 13.—Ungovernable behavior—resides with natural father and stepmother—depressed (failing in school—major adjustment problems at home).

Age 14 and 15.—Sisters. These are ungovernable girls who reside in a mother-only home.

Age 14.—Runaway—resides in natural mother and stepfather home. Major issue is intense fear of stepfather.

Age 15.—This is a habitual runaway case in the custody of the State due to child abuse.

2 males:

Age 14.—Ungovernable youth with history of delinquency. Resides in natural mother/stepfather home. Issue: adjustment reaction to recent divorce and new stepfather.

Age 11.—This was a minor shoplifting case due to mild ungovernable behavior. The boy lives with both natural parents.

Such is a typical day at the Youth Services Center, a program designed to divert such youngsters from the unnecessary stigma of the juvenile justice system. It provides personal and family crisis intervention to assure a safe and temporary refuge from the harm and exploitation which exist on the streets for youth who are out-of-control, and prevents the escalation of more serious personal and/or family trauma. The Center is equipped with adequate resources and professional staff to provide meaningful and therapeutic intervention, including interim shelter and extended timeout through a network of host homes when needed. All of its resources, including the professional staff, are available 24 hours a day, 7 days a week. From January through October of this year, 2,211 such youth have been admitted to the Youth Services Center due to problems varying from habitual truancy to sexual abuse.

Following are three case examples from the intakes of 11/1/83. Marsha, a 16-year-old, bright and attractive girl is an example of the tragedy which often occurs when immediate use of the agency's shelter and clinical intervention is postponed.

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[1] Programs that have been started by council.

Marsha was on the run for over five months before finally being apprehended and brought to the agency. By that time, she was selling drugs, had experienced two abortions, and was actively suicidal. Marsha's story ends well—she is now back home, back in school, and beginning to rebuild her life, but she is lucky. The tragedy of her traumatic lost months will linger with her long into adulthood. Marsha's run is typical of many. It was her fifth such attempt since age 13 to communicate her disillusionment and frustration to parents who had become so immersed in their own affairs that they failed to detect her signals. She ran because of a belief that her parents no longer cared, nor would attempt to help her understand the complexities in her complicated world.

Stephanie's experience wasn't so tragic, but it could have been. She entered the Center by police escort, having been picked up in a local park only one day after running from home. Stephanie was a fragile and depressed girl who simply "could not handle" her stepfather any longer. She had never liked him since her mother remarried four years ago, and she voiced extreme fear of his "aggressive personality." He had never physically abused her, but his explosive nature would shatter her defenses and cause her to be in a continuous condition of terror and depression. Her school performance had declined, and her run was actually precipitated by school reports that she was failing in several classes. Stephanie simply felt unable to handle the "home scene." She ran with no money and no place to go. She was embarrassed and, therefore, did not even turn to her friends, which is usually the case in similar circumstances. Her parents immediately filed a runaway report, and Stephanie was found and brought to the Center.

After several hours of crisis intervention to convince her of our assurances of advocacy and support, her parents were called and asked to participate immediately in crisis intervention. The anger was so intense in the first session that Stephanie could do no more than cry and withdraw. Her parents were equally disturbed and irrational. An agreement was made for Stephanie to remain in the Center overnight to provide all family members a period of "cooling off" before another crisis session the next day. In the second session, the anger level was still intense; and although more communication occurred, the stepfather domination prevented any real reconciliation. For Stephanie to return home at this point would have been disastrous, so a voluntary arrangement was made for her to temporarily receive housing in one of the Center's emergency "host families." During this "time-out," the treatment focus changed to marriage counseling and individual therapy with the stepfather. After four days, the family was once again brought together for therapy. Stephanie had had time to rethink her course of action, and the parents had been helped to reassess their feelings and attitudes toward their daughter. The session was markedly different in that the stepfather accepted responsibility for his own contribution to the problem. He was able for the first time in the four-year marriage of this family to express his frustrations at trying to be a stepfather to three children (Stephanie is the oldest), from whom he felt rejection and wrath. He expressed regret for his aggressiveness and revealed an emotion which Stephanie had never seen before. He cried and began reaching out to the family for understanding—a healing process was begun. Stephanie returned home with her parents after that session; and after seven more sessions, positive communication was occurring—the case was successfully terminated.

John, a 14-year-old, habitual truant, was not so lucky. His involvement with the Center was short-lived. Years of enduring an alcoholic mother, which resulted in a divorce and a recent remarriage, had left its toll. He had developed a negative and cynical attitude toward society, which, unfortunately, had resulted in behavior much more delinquent than running away. Despite efforts of intensive intervention, which proved to be too little too late, John continued his dependency upon stealing and aggressively acting out as a means to discharge his pent-up hostility. He was eventually swept into the juvenile justice system and is now involved on probation with the Division of Youth Corrections.

Agencies such as the Youth Services Center do not succeed with every youth and every family. However, feedback from youth and families served in this agency indicate an encouraging 75 percent favorable and positive outcome at a point three to six months after discharge.

To know a Marsha, or a Stephanie, or a John, or thousands of other youth caught up in dangerous personal or family conflicts, increases the determination to expand front-end diversion and preventive services such as are available at the Youth Services Center. In the case of youth in jeopardy and families in crisis, the old maxim, "an ounce of prevention is worth a pound of cure" proves to be true.

Why so many troubled youth? Why do so many run away or act in a manner that is ungovernable to parents or school authorities? While there are many and varying reasons for teenage ungovernable or runaway conditions, they generally fall into four categories. Number 1—a desire on the part of the child to retaliate against or punish those who have caused injury to his/her feelings. Most teenage runaway incidents fall into this category and are impulsive reactions directly related to a communication breakdown with parents, i.e., fear of being misunderstood, punished, ridiculed, or rejected. Such runs are seldom planned and usually drastic, ill-conceived attempts by the teenager to communicate personal confusion, anger, disappointment, pain, fear, or despair. Number 2—an impulse for self-preservation resulting from repeated experiences of abuse or exploitation. While this is a smaller percentage, it constitutes the most tragic of the precipitants to teenage runaways. These youth are more desperate, untrusting, and precarious. They become prime candidates for the victimization of the criminal elements which exist on the streets. Number 3—a third category includes those who run out of a simple desire to "be with" a troubled friend who needs a partner.

All teenagers prefer to be in the company of their friends, and they are often persuaded to do whatever their friends are doing—from something as minor as smoking a cigarette to something as major as engaging in prostitution. Often, such youth have no real awareness of the dangers involved. (An example occurred with one of the youth who entered the Center on November 1, referred to above. This girl's naive hitchhiking resulted in a violent rape on the day of her admission to the Center.) Number 4—the need to escape from a disturbing family environment. Such conditions are commonly characterized by escalating marital conflict, alcohol, or drug abuse by parents or grossly inadequate parenting. Runaway or ungovernable acting out by a youth who resides in such a home is often a healthy response due to the youth's refusal to be the "symptom bearer" for the sick family system. It is indeed a tragedy when agencies unwittingly label such youth as the problem when, in fact, under these circumstances they are the emissary which brings the family into needed treatment.

There are other causes for runaway conditions, such as, those seeking adventure and those who are truly throwaways, but these conditions, despite the publicity, are a much smaller percentage than those listed above. Nevertheless, regardless of the cause of a runaway or ungovernable episode, it is a known fact that teenagers who are unable to return to their own homes, for whatever reasons, rapidly fall prey to criminal elements within our society. A young person simply cannot survive long without his own refrigerator or without his own bed to sleep in, before turning to theft or yielding to the lures of crime and delinquency as a desperate means of continued survival.

The Salt Lake County Youth Services Center is somewhat unique in its approach to the runaway phenomena. Since as many as 75 to 80 percent of all teenage runaways are the direct result of fear, despair, or anger directly associated with a breakdown in the relationship and communication with parents, the Salt Lake County Youth Services Center has built its program around an aggressive model of family therapy. Most runs or ungovernable behavior begin as a naive, innocent reaction to parents with "deaf ears," or as angry expressions of "no confidence," or courageous rejection of "value incongruences." With this understanding, this Center has developed a treatment philosophy which reflects a much broader treatment approach than simply to provide a harbor or foster care alternative living arrangement to such youth. The Center aggressively reaches out to parents for immediate participation in crisis oriented family therapy. It is adequately staffed 24 hours a day, 7 days a week, 365 days a year in order to "strike while the iron is hot," so to speak. The runaway phenomena produces crises for both youth and parents; and when services are immediately available at the point of crisis, dangerous escalation or destructive behavior can be averted and accelerated interpersonal growth can occur.

The basic philosophy of the Center is based in its belief that in the main, the family resource is still the best resource for problem resolution and youth habilitation. We believe in the vitality and positive impressionability of youth and the importance of working within the youth's social system rather than trying to provide a new one. The aggressive outreach to parents reflects the Center's belief that a youth in crisis is symptomatic of a family in crisis. Judgments are withheld on all family members while in crisis, and a genuine support is extended which results in almost 100 percent participation on the part of parents who are all too often unwittingly labeled as "disinterested" or "to blame." The bulk of resources and reservoir of energy is focused on reconstituting the family system when possible. When adequate clinical intervention and follow-up support is marshaled, rarely does a youth require permanent removal from his/her home.

The Youth Services Center successfully returns 88 percent of all youth served to their homes or a family-arranged alternative. Ninety-nine percent are successfully diverted from the juvenile justice system, and the Center has convincingly demonstrated that even the most ugly and rejecting family attitudes can be reconstituted if we operate on a philosophy which prevents premature judgments and provides clinical expertise to assure safety while at the same time strengthening the principal system on which youth depend—the family. It should never be forgotten that when people are in crisis, they always look their worst. In a heated moment of frustration, it is common for a parent to express rejection and tell their child to "get out." It is equally common under such heated circumstances for a child to react in kind. Such emotional outbursts are irrational and should be treated as such. To judge individuals in crisis is foolish, and to build a program around a belief that agencies must "rescue" youth from their parents is both ludicrous and destructive. Time-out is often the key to reexamining the salvageable feelings of love and confusion which are associated with feelings of failure, despair, and hurt, which are the underpinning emotions in all family crises.

Reasons for the Youth Services Center's effectiveness are as follows:

1. Our simple philosophy that parent/child conflicts can be reconstituted and that advocacy for youth does not exclude the system on which they depend, i.e., the family. Patience, time-out, and a thorough assessment must precede the impulse by many professionals to play into an angry crisis and support premature separation.

2. The agency operates with a very simple and informal intake process, without the usual "red tape" associated with many treatment systems. It's the Center's first responsibility to help the youth and family members regain control and confidence, and this is accomplished by creating a milieu where clients feel safe, cared for, and hopeful.

3. Twenty-four hours a day/7 days a week accessibility. The agency is conveniently located in suburban Salt Lake City on a major bus route.

4. Agency sponsored monthly coordinating meetings with law enforcement, school personnel and a coalition of youth providers. Too much cannot be said about the importance of coordinating meetings to assure linkages and cooperation in policy and procedure implementation as well as to eliminate misunderstandings and duplication of services.

5. Neutrality: The Youth Services Center is located in a small business complex close to a residential area, and is viewed with autonomy by its clientele. It is not administratively part of law enforcement or the juvenile justice system, nor an extension of mental health or public welfare. Stigma is almost completely nonexistent, and flexibility and spontaneity have become synonymous with its operation.

6. The agency is staffed with qualified, professionally trained clinicians with expertise in crisis intervention, adolescent psychology, group dynamics, and individual and family therapy. The clinical format is intensive personal and family therapy, which are offered within a 60-day time frame. Referrals for long-term treatment are effected to assure necessary follow-up in the case of severe individual or family pathology.

7. Comprehensiveness: The Youtn Services Center is the hub of activities and resources for youth and families in this area. In addition to providing a broad range of shelter and clinical services, the Center serves as a referral broker through a formal network with allied agencies. A solid support system has been generated, which includes public and private organizations and grass roots citizenry.

8. The Center has enjoyed a rich association with the private sector since its inception in 1974. Volunteers provide thousands of hours of specialized services, including the organization of a parent support group which provides funding and teaches numerous parenting courses throughout the valley.

Demographics of youth served:

	Percent
Age:	
0 to 7	(1)
8 to 12	12
13 to 15	55
16 to 18	33
Sex:	
Male	46
Female	54
Race:	
Anglo	86
Black	2
Indian	2
Hispanic	9

	Percent
Asian	1
History of prior clinical involvement:	
Mental health	14
Protective services	15
Juvenile court	36
Private providers	20
School counseling	23
Other public provides	10
Other	7
Residing with:	
Natural parents	26
Natural mother/stepfather	18
Natural father/stepmother	6
Natural mother only	29
Natural father only	3
Stepparent only	(1)
Adoptive parents	5
Self	2
Relatives	3
Foster home	5
Other	2
Parents' marital status:	
Together married	59
Divorced	29
Separated	4
Together unmarried	6
Mother deceased	1
Father deceased	2
Both parents deceased	(1)
Parents' work status:	
Father works	24
Mother works	27
Both parents work	31
Neither parent works	13
Disabled	1
Retired	1
Unknown	1
Parental income:	
Under $10,000	17
$10,000 to $15,000	14
$15,000 to $20,000	15
$20,000 to $30,000	15
Over $30,000	6
Unknown	33
Residency:	
Salt Lake County	87
Out of Salt Lake County but in State of Utah	4
Out of State	9
Grade in school:	
5th grade	4
6th grade	4
7th grade	9
8th grade	14
9th grade	20
10th grade	23
12th grade	15
Other	14
Number children in the home:	
1	21
2	27
3	25
4	13
5	6
6	4
7	1
8	(1)
9 or more	1

	Percent
Religion:	
L.D.S. (Mormon)	49
Protestant	11
Catholic	15
Jewish	(1)
No religion	23
Other religion	2
Church activity:	
Always attends church	13
Often attends church	10
Seldom attends church	23
Never attends church	54
Referral problem:	
Runaway	37
Ungovernable	54
Neglect/dependency	5
Other	3
Referral source:	
Parents	36
Police	39
Self/friends	12
Schools	2
Division of family services	2
Public or private providers	2
Juvenile court	4
Other	4

[1] Less than 1 percent.

Service Disposition

Direct Services—942 hours per month average.
Interim Shelter Services—2,920 hours per month average.
Host Home Time-out Placements—44 per month average.
Detention Placements—2 per month average.
Shelter Placements—2.8 per month average.
Juvenile Court Petitions Filed—2 per month average.
State Custody Cases—13.8 per month average.
Out-of-State Youth—16.4 per month average.
Out-of County Youth—9 per month average.
Homeless Youth—5.4 per month average.
Hot Line Calls—35 per month average.
Crisis Calls—684 per month average.
Information and Referral Calls—145 per month average.
Runs from the Youth Services Center—7.8 per month average.
Runs from Host Homes—6.2 per month average.
Services Completed—82 percent.
Termination Due to Client Decision—11 percent.
Termination Due to No-show After First Admission—5 percent.
Termination Due to Inappropriate Referrals—2 percent.
Referrals for On-going Therapy—Mental Health—6 percent.
Division of Family Services—9 percent.
Private Practitioners—9 percent.
Other—10 percent.
Returned Home—88 percent.
Other—12 percent.

Recommendations

The Youth Services Center has demonstrated that nearly all "status offending" youth can be successfully diverted from the juvenile system and successfully returned home. The model of intensive and aggressive family intervention, in addition to the provision of a safe harbor and time-out from the exploitation and dangers which exist on the street for youth in crisis, has proven to be highly effective, both in terms of human and fiscal costs. We believe it to be a serious error to assume that the runaway or ungovernable crisis can best be treated by removing the child from his/her parents. To treat the child exclusively of the family system on which he/she depends is ultimately harmful and unkind. Advocacy and aggressive clinical intervention must be made available to all aspects of the system in crisis, which, contrary to popular myth, is both practical and possible. Agencies who deal with runaway or ungovernable youth tend to be highly intimidating to parents and perpetuate the erroneous belief that parents are incapable of properly raising their own children. Ready access to time-out and interim shelter must be available, and follow-up procedures must be established to assure stability. Services must be without charge; they must be accessible around-the-clock and without bureaucratic red tape so as to be unencumbered in the fluid response to the acute trauma of personal and family crises.

PHOENIX INSTITUTE,
Salt Lake City, Utah.

Dear Person:

We would like to address the issue of female delinquency for the Congressional Record. As we have developed the Sojourn Project, an alternative treatment program for seriously delinquent females, there are specific issues we have encountered with both the needs and services of these young women.

The Phoenix Institute, located in Salt Lake City, is recognized as one of the foremost women's organizations in the country. It has been offering innovative programs and services for women for over a decade. In 1978, Phoenix Institute extended their employment and training services after developing these programs for women to female youth.

In 1979, the Utah legislature cut back appropriations for the women's facility at the Youth Development Center, instructing the Department of Youth Corrections to search out more cost-effective alternatives to incarceration for young women. Encouraged by Youth Corrections staff who knew of Phoenix Institute's philosophy and track record, Phoenix Institute developed a proposal and bid for a novel program for young women only, called Sojourn.

As a foundation for addressing needs and services for these young women, it is first important to describe the population. Of the referrals to the Sojourn Project, the following trends have been discovered: (A) 70 percent are sexual abuse victims; (B) 90 percent are physical abuse victims; (C) 50 percent of youth referred are ethnic minorities, grossly overrepresented for the Intermountain West; (D) 100 percent of youth do not live with both natural parents; (E) 75 percent of youth experience some form of drug and/or alcohol abuse; (F) 40 percent have had some prostitution involvement; (G) Parents economic status is lower to middle income; (H) 87 percent have committed crimes against property; (I) 52 percent have committed crimes against people; (J) 57 percent have committed crimes with young men; and (K) School training prior to placement has been from 1-2 years.

Treatment goals that address the needs of these young women should be:

Cutting ties with Court system through responsible non-criminal behavior. Development of education and job skills; Abstinence from drug and alcohol; Clarifying roles within the family system; Living independently or interdependently; Understanding being a woman in this society; Learning to be free from the victim role; and Developing assertive communication skills.

One important reason why Sojourn works so well is it's origin: Sojourn was designed and developed by women. Sojourn is a highly structured, highly individualized program specifically for delinquent women. It is not a youth program with women in it, but a specific approach focused on the trademark of problems of the delinquent woman: a history of incest or sexual abuse, indirect and manipulative communication patterns, lack of independent living skills, and dependence.

Sojourn is designed to serve as a brilliant and compelling model of positive behavior. Sojourn staff are strong, assertive women. Modeling is intensive and close: each youth is assigned a team of day and Home Advocate staff, and receives an average of 3 contact hours per day with professional day staff, in addition to school activities and residential contracts with Home Advocates.

A major contributor to Sojourn's success is the striking consistency and quality with which program staff-day staff and the residential providers (Home Advocates) model and support appropriate behavior. Consistency is a high priority for all Sojourn staff. Home Advocates are trained in assertiveness and patterns of delinquency—how to confront youth, for example, or what to expect about the youth's history of incest—and in communicating with other Sojourn staff. This intensive training, in which Home Advocates participate with professional day staff, takes place weekly, and goes on for several weeks before actual placement of youth. The result of this process of staff selection and training is that the consistency of approach—in treatment methodology, communication, and expectations—is very high.

An important and very characteristic norm among Sojourn staff is the use of assertive communication: communicating honestly and clearly and responsibly. This is vital modeling, because young women, and especially delinquent young women, have learned, instead, to manipulate. In Sojourn, youth hear—for the first time in their lives—that anger is O.K. The program helps youth find appropriate, nondestructive expressions of their anger.

This norm of assertive behavior—communicating honestly about wants, and accepting consequences—is the foundation for a basic part of Sojourn's treatment method: the personal contract: That is, progress toward successful program completion is made through contracts between youth and staff and reviewed weekly: the more responsibly the youth carries out the contracts she makes, the greater her latitude of decision (unsupervised activities, for example).

The Sojourn program succeeds because it realized that delinquency among young women is an extreme expression of the problem of sex-role expectations. Sojourn proposes realistic alternatives. The program's aim for "normalization" of youth is not simply re-integration into the family or resumption of a traditional female role. Sojourn helps youth prepare for independent living, emphasizing economic freedom and career preparation.

Finally, Sojourn succeeds because it differs from typical programs—group homes, for example—in specific and crucial ways. Sojourn allows staff and youth to get away from each other; professional staff train, counsel and work with youth during the day; at night, each youth lives individually with a Home Advocate team (who are not day staff). In addition, the Sojourn pattern of residential placement—one youth in a residential setting with a trained Home Advocate team—avoids the negative peer-modeling, one-up problems of group homes, replacing them with positive and non-traditional role models. And a Sojourn placement means privacy: often the first privacy the young woman has ever known.

Sojourn is a 24-hour, community-based residential treatment and supervision program for seriously delinquent young women. It was structured specifically to meet the educational, social, residential and career development needs of severely delinquent young women who would otherwise be incarcerated:

Residential component: The Sojourn Home Advocate system is the basis for 24-hour supervision. Each youth lives in the house of a highly trained home advocate team who cooperate with youth and day staff to act as role models, reinforce training and contracting, initiate interaction, and help provide social and recreational opportunities.

Vocational component: Sojourn youth attend career exploration, job readiness and survival skills training at the Phoenix Institute. Youth may enroll in a CETA vocational program, or are assisted in selecting and applying for outside employment.

Educational component: All youth initially attend an alternative school program: working toward a G.E.D., graduation, or returning to regular high school. The alternative school program is selected for its experience in working with troubled youth in an academic setting. The teacher attends weekly clinical staff meetings to coordinate education, clinical and behavioral goals.

Personal/clincial component: All youth participate in weekly counseling and assertiveness training at the Phoenix Institute. They identify personal goals, practice appropriate behaviors and learn problem-solving and negotiation skills. A modeling and educative approach is taken in counseling, emphasizing adult skills development and responsibility.

Cultural/recreational component: There is a weekly group recreational activity, such as hiking, horseback riding, movies, swimming, skiing, etc. Sojourn also offers more extensive outdoor experience such as ski tours, camping, and riverrunning. Home Advocates and in house staff provide individual recreational and cultural experiences for the youth, aimed at developing or reinforcing a particular interest of the youth. For example, Sojourners have joined spas, or taken up camping, photography or bicycling.

Extended care component: All youth when they leave Sojourn are followed closely by a staff member who has worked closely with her or her family. During this period of 6–18 months the young women are phased through intensive follow-up including individual, family, and group therapy. The after care program is individualized depending on needs including family situation, independent living needs, school and employment needs.

Accountability and the process of reintegrating into the community are issues that are consistently and assertively addressed by the in-house staff. Success is measured through daily school attendance, job performance, number of positive interactions with natural family, the modeling of assertive communication, the absence of self degredation, i.e.: abstinence of drug and alcohol abuse and prostitution and of contracts with the court after termination.

Because of sex role stereotyped attitudes brought on by the economic and legal inequalities between women and men we believe that it's important to assist these young women in gaining skills to become free from the correctional system and destructive family patterns. The teaching of crucial women specific skills is accomplished at the Phoenix Institute Sojourn Project through staff role modeling, dynamic family, individual and group therapy, and a skills training model developed by and for women with the focus of deinstitutionalizing seriously delinquent females.

Respectfully submitted,

NANCY GILPATRICK,
Assistant director, Sojourn Project.

MARGARET THIELE,
Aftercare coordinator, Sojourn Project.

UTAH GIRLS' VILLAGE,
Salt Lake City, Utah, December 5, 1983.

Congressman DAN MARRIOTT,
Select Committee on Children, Youth, and Families,
House Office Building Annex 2, Washington, D.C.

DEAR CONGRESSMAN MARRIOTT: It is heartbreaking to read and see tragic reports about the stealing, abuse, neglect and exploitation of our children and youth. In a special report entitled, "The Children We Neglect," it states that America has been known as a child oriented society. Some say that it is a myth and America should be called a child neglecting society.

We realize this is a crucial time in our nation and in our state. The streets and parks are not safe for our children with child abuse and youth crime rising at an alarming rate. We must not wait until a youth's problems become so serious that he goes to prison; nor can we continue to build more jails and prisons, we must do more in prevention.

The need is more critical than ever before to face squarely our responsibilities to those who will be the adults of the future. If we fail to provide for their wholesome development during these years, which experts say are the most crucial in personality formation, there is no reasonable expectation that these children may become a generation of clear thinking, emotionally stable adults. Some may say, "But these are not my children, my family." We must go beyond our immediate family to the larger family in the community. They are our children and our future, becoming the leaders of the state and nation.

Many caring people are volunteering their time and personal funds to help children and youth, but we desperately need more help and funds to continue in the area of prevention. Why must we continue to beg for help?

We are enclosing a brief description of our programs that allows us to help all children and youth with problems. Our programs are considered the finest in the nation and yet we have not had adequate support. With all our efforts, we must have the support from both state and federal leaders. We hope you will be able to help us do more in preventing delinquency and child abuse.

Sincerely,

MRS. RUSSELL E. BJORKLUND.

Enclosure.

"Before I came to Utah Girls' Village, I had dropped out of school. I was a borderline alcoholic. I used drugs often and had trouble with the law as well as with boys. I had been in five previous foster homes. I was only 13 years old."

This statement of tragedy and confusion is typical for the girls who come to our residential facility in Kearns, Utah. Utah Girls' Village, founded in 1975, provides the only residential home for emotionally disturbed girls in Utah. It is a private, non-profit, non-denominational organization which depends on our concern and donations to maintain the vital programs it now offers. Without these programs many troubled young women would not find their way into productive adult lives. This is our challenge and resolve.

We are heartened by the success we have had in helping these girls make positive changes in their lives. During the 1982-83 academic year the young ladies at Girls' Village maintained a 3.1 grade point average at Kearns High School and Kearns Junior High School. Prior to the assistance of the village programs, these girls had an F grade point average and many had not been in school for two years. This important change is an indication of the successful impact Girls' Village can have on young women.

At present, we do not have the resources to help more than 14 girls at a time in our residential facilities. Because of the success we have shown, it is our desire to share our knowledge with foster parents and parents who now have troubled teenage children. There are no funds for this outreach effort. This causes us great concern because without some intervention and help, many of the girls involved will needlessly enter troubled adulthood in crime, addiction, and often prison. Clearly it is a wiser investment to help these girls re-route their lives now into productive channels than to pay for their misdirection later. In this way they are able to become part of the solution to these problems.

Utah Girls' Village awaits your help this Christmas season. Your donation is both a gift and an investment. It is a gift of pure love to girls who are in desperate need of the support it expresses. It is also an investment in people: The only investment for which there is no limit to the dividends. Your help now can influence generations to come. Please give generously. We welcome your visits and inquiries. For further information call (801) 262-9904.

SEXUAL ABUSE

One of the most abhorent and devastating problems of our generation is the plague of incest and sexual abuse that is now infesting our society. Every night in Utah there are hundreds of homes in which fathers or step-fathers pull back the covers of their young daughters and perform perverse acts that inflict emotional scars on these tender girls. These experiences are so traumatic and overpowering that they result in emotional and psychological illness for the young victims. This is not happening in some inhumane and barbaric country; it is here in our neighborhoods and among our friends. We can help.

A SOLUTION

Utah Girls' Village has responded to this problem by establishing the Family Counseling Center. This is an outpatient clinic which is a separate facility from the residential homes. The primary focus and expertise of the staff at the clinic is the treatment of victims of sexual abuse and their families. Initially the clinic was to serve 90 clients during its first year. Because of the intense need, it has served 110 clients during its first three months.

There is hope. Victims can be helped to deal with their tragic experiences and to lead happy and productive lives. Therapy can help victims leave behind the resulting guilt, pain, and heartache. Often victims or their siblings will, without proper aid, grow up and repeat these problems in their own families. Incest is a family disease and continues through generations unless the chain is broken. This malady will increase within troubled families unless we help to check its growth.

The Family Counseling Center has seen victims as young as three years old and women thirty and over who are still attempting to deal with the emotional effects of incest. The clinic treats families. One such had twelve children; nine had been abused. It is vital that Utah families receive the help they need. The problem crosses all ethnic, socio-economic, and community boundaries.

These tragic problems will not disappear on their own, but with our support the Family Counseling Clinic can help. At the present level of need, the clinic could see a $50,000 deficit in the next fiscal year. Let's not let that happen. Let's be certain no victim of this traumatic illness is left without no where to turn. It is within our power to curb the growth of incest and sexual abuse. We can improve the lives of families for generations, if we give generously to support them.

PREPARED STATEMENT OF MELVIN L. WILKINSON, PH. D., BOARD OF DIRECTORS, TEEN-AID OF UTAH

THE NEED FOR AN ORGANIZATION TO TEACH ABSTINENCE TO TEENAGERS

A new organization has been recently formed in Utah whose purpose is to reduce premarital pregnancies and venereal diseases through teaching abstinence to teenagers. This organization is called Teen-Aid of Utah. This paper will explain why it is vitally important for such an organization to be supported by the people of this state both directly and through appropriation of public funds.

1. The current methods of preventing teenage pregnancies, namely birth control and sex education, have failed to reduce the number of premarital pregnancies.

According to studies by the highly respected Guttmacher Institute, the number of adolescent pregnancies increased from 1,000,000 in 1974 to 1,100,000 in 1978. More than one in ten teenagers become pregnant each year and the proportion is rising. If current trends continue, four in ten young women will become pregnant at least once while in their teens. During this same time period, there was a substantial increase in the use of contraceptives by teenagers. In 1979, 70% of teenagers reported using a birth control method at last intercourse. Why has the number of pregnancies increased at the same time that teenager contraceptive use is also rising? Because the number of sexually active teenagers is rising at an even more rapid rate. Premarital sexual activity is up by two-thirds over the 1970's. The rate for white females 15 to 17 has doubled over this decade.

2. The use of contraceptives alone under even the most optimistic possible scenario cannot possibly solve the teenage premarital pregnancy problem.

Teenagers using the most effective birth control methods available, namely the pill for the great majority and also the IUD and diaphragm, had a failure rate of 7 percent. This is comparable to the failure rate for married couples using the same methods. This figure means that about one out of every fourteen sexually active teenage girls becomes pregnant each year. Over a four year period, say from ages 15 to 19, her chances of becoming pregnant would be about 3 out of 10. So even if our society were to succeed in persuading every sexually active teenage girl to use the most effective contraceptives available, almost ⅓ would become pregnant in their teens! Is this an acceptable solution? Although birth control research continues, there is no miracle break-through on the horizon.

3. The most effective methods of birth control offer little or no protection against venereal diseases.

The epidemic of venereal disease is probably just as serious a problem as premarital pregnancies. Herpes is uncurable and can be fatal if transmitted to the newborn during childbirth. AIDS is also incurable and appears to speading to heterosexuals. Gonnorhea and other venereal diseases can cause infertility in women. The pill, IUD, and diaphragm offer no protection against these diseases. Some women have great difficulty in conceiving after being on the pill. The IUD can cause pelvic inflammation which can cause infertility. The condom is the most effective protection against venereal disease, but has a failure rate of 15% in preventing pregnancy. It places the total responsibility for birth control on the male. This can work in a marriage perhaps where the husband is mature, has self-control and is unselfish, but how many teenage boys are high on these qualities?

4. Even when pregnancy and VD do not result, teenage sexual activity has many other psychological and emotional consequences.

Sexual activity is not and never will be the light, frivolous, carefree fun that is portrayed in the media. Sex does and always will involve some of our deepest and most powerful emotions and our sense of self. Teenage boys, too young to make any realistic mature commitments, will continue to exploit teenage girls. Teenage girls will continue to be deeply hurt when teenage boys do not keep the commitment that the girls innately feel is inherent in the sexual act itself. Our society accepts the fact that some people are too young to drive or to drink or to vote. Teenagers are simply unable to cope with sexual activity at an age when long-range commitment is impossible. This should not surprise anyone, for most adults also have a very difficult time coping with sex without commitment.

5. In spite of tremendous pressure from peers and the media, and little organized help from adults, a large percentage of teenagers still believe in and practice abstinence.

This is one of the most important points in this paper. Many believe that teaching teenagers abstinence will not work because teenagers are determined to have sex. They are wild and uncontrollable and will not listen to any adults. The media would have us believe that virginity is practically non-existent after junior high school. Movies such as Porky's, Class, and Risky Business depict all teenagers as being obsessed with sex. Premarital sex is portrayed in books and music is being the ultimate physical act with never a mention of pregnancy, VD, or hurt feelings. In the past, the male who professed to be a virgin was ridiculed by his peers, now the female virgin is also ridiculed by her peers. Most teachers and sex educators will not take a firm stand for abstinence. Many parents feel that they have little influence on their teenagers and don't even try. Although some churches do take a firm stand on premarital sex, many others are afraid of offending their teenage members.

Now given these facts, and the natural sex drives, the surprise is not how many teenagers are sexually active, but the large number who resist all of these pressures and practice abstinence. Two-thirds of all females ages 13 to 19 are virgins, and ⅓ of all males ages 15 to 21. Another way of looking at it is that about 52% of all females graduating from high school are virgins. If we look at white females only, the percentage is about 65%. For males, about 40% of high school graduates are virgins. These figures do not of course include those who have had sex a few times and decided to give it up and are currently practicing abstinence. These are called secondary virgins and there are no studies on their numbers, but it is certainly unfair to classify them as sexually active. These figures also do not include a teenager who had sex with only one person whom he/she later married. Anyway you look at these figures, many teenagers practice abstinence with little or no support. Isn't it logical to assume that this number could be greatly increased with a well-organized and well-financed educational, media and counseling program stressing abstinence?

6. A new organization devoted completely to teaching abstinence would be much more effective in teaching abstinence than existing organizations.

With the case of abstinence becoming stronger daily, some existing family planning organizations are putting a little more emphasis on it as an alternative to contraceptives. They are to be commended for doing this, but their effectiveness will be limited. These organizations have built up a reputation and an image over many years and it cannot be changed overnight. The scriptures tell us that we should not try to put new wine in old bottles. Rightly or wrongly, it would be very difficult for many to believe that they are sincere advocates of abstinence. One such organization in particular has offended many parents with their firm stand against informing them when their children are given contraceptives or referred for abortions. These parents would be very upset to know that their children had even visited a clinic where contraceptives are dispensed or attended a workshop sponsored by them. Many teenagers, knowing how their parents feel, would be very reluctant to go to such a clinic. Teen-Aid on the other hand would be firmly identified as an organization that stands for abstinence, and does not give contraceptives to singles or make referrals for abortions. Many parents would be happy that their teenagers were going to Teen-Aid for help and the teenagers could go with a clear conscience.

Teen-Aid has been criticized because it does not offer a complete program and limits a teenagers freedom to choose. This is not true. Teens who desire contraceptives and abortions are still completely free to obtain them from other organizations. We live in an age of specialization. The existence of a neurosurgeon does not limit a patient's freedom to go to an obstetrician. Teen-Aid will be better at teaching abstinence because it specializes in this area. Abstinence and contraception are not supplementary for the individual teenager. If he/she practices abstinence, there is no need for contraceptives.

SUMMARY AND CONCLUSIONS

Statistics prove that contraceptives alone are not currently, and cannot in the near future, solve the problems resulting from teenage sexual activity. They also show that a large number of teenagers are practicing abstinence in spite of great pressures and with little or no organized support. There is every reason to believe that a thoughtful, well-organized and well-financed campaign using media, workshops, literature and counseling can significantly increase this number. Teenagers are often portrayed as rebellious and irresponsible and unwilling to listen to any advice from adults. This is true, perhaps, of some, but many are relatively mature and intelligent and concerned about their future. They don't want to ruin their lives for a few minutes of physical pleasure. They are willing to listen to adults who respect them and don't talk down to them. We adults should not be afraid or ashamed to share with them the benefit of our years of experience with human intimacy, commitment and sexuality. They are our children and they need our help. We have let them down the past few years. Let's not let them down again.

Prepared Statement of Planned Parenthood Association of Utah

Planned Parenthood Association of Utah (PPAU) appreciates this opportunity to submit testimony to the House Select Committee on Children, Youth and Families. We believe that the family is by far the most important social unit in modern society. It is the source of some of our highest values and deepest human relationships. Traditionally, it has been the cornerstone of our social stability. As an institution, however, the family is undergoing enormous changes and pressures that limit its ability to cope and to support its members.

One of Planned Parenthood's main purposes is the strenthening and enriching of family life, by ensuring that every child is born into a welcoming environment and is loved and cared for. Unfortunately, this is not always the case. The realities of child abuse, adolescent pregnancy, poverty and a host of other personal and social problems are communicated through the media daily. We believe that to have a significant affect on these problems, a preventive approach is required. We further believe that voluntary family planning services should be an integral part of such an approach. It is important that we define our terms. Family planning, from our perspective, is a process by which individuals look at their needs, abilities and resources and, based on these considerations, plan to have children when wanted and most appropriate for their lives. We define family planning services as all health, educational and social services necessary to enable individuals to choose freely the number and spacing of their children. By voluntary family planning services, we mean services should be available to people who voluntarily request them. Nobody in need should be denied these services. Just as important, nobody should be coerced into utilizing services they do not want or need. Informed consent is an important aspect of voluntarism. Before giving their consent for services, people should be provided the information they need to make the best possible decisions given their individual needs and well being.

What is the relationship between family planning and the family? Rarely does a human being make a more profoundly important decision than when he or she decides to have a child. Choosing to become a parent is to accept a long-lasting and enriching moral obligation which, we believe, should be approached with the most careful deliberation. Though we may wish otherwise, many who become parents are not able, or willing, to accept the responsibilities of parenthood. A disproportionate percentage of the people who find themselves in this position are adolescents or economically disadvantaged people. The impact of untimely pregnancies on these people; their children, their families, and on society as a whole is great, and deserves our serious consideration.

In our service to men and women across the state of Utah, we are often reminded of several problems that exist, especially regarding our teenagers. It is our belief that most of the problems we face with teens could be eradicated with appropriate education and instruction by parents, grandparents, extended family, clergy, teachers and other professionals who serve as their role models.

The nature of a teen's first visit to a Planned Parenthood clinic is already, in a sense, problematic. Ninety-three percent of the teens who walk through our doors have been sexually active one year or more, and eighty-seven percent of them have done nothing to prevent an unwanted pregnancy. The first visit a teenager makes is often for a pregnancy test. Teens who come to us for pregnancy testing and/or contraceptives do not really understand basic male and female anatomy, or how pregnancy occurs. They are also unaware of the risks of early sexual activity, sexually transmitted diseases, and early childbearing. A look at their education and family experience shows little in the way of parental teaching or guidance about sexuality. "In virtually every comparison of the sexually active and abstinent, parents of the sexually active adolescent were less involved in educating their children about sex and the information they provided was viewed as less adequate than that provided by parents of abstinent teens." (Comparisons of Utah Teenagers Who Have and Have Not Been Sexually Active, Utah State University, August, 1981.)

We turn to parents with the expectation that they will assume the critical role as sexuality educators of their children, however, we often do so without providing parents with the information and confidence they need to fulfill their responsibility. Parents are hindered in their effort to provide sex education for their children due to a lack of knowledge and relevant information, embarrassment and inadequate role models of their own. Teachers in our schools recognize the need for sexuality information in the classroom but feel bound by laws and guidelines which restrict them. Clergy often find themselves in a similar situtation. They recognize the need for education, but are helpless to act without support and guidance from parents. The notion that sex is something that cannot be discussed openly is reinforced constantly by the very people who could have the greatest impact of all on our youth.

As a result of our inaction, teens turn to their friends and the media for their information, because these are the only sources which make information readily available. Unfortunately, the images of sexuality put across by the media is misleading and seductive. And given that most young people are not getting accurate information, they are likely spreading inaccurate information among one another.

Solutions to the problems of early teenage sexual involvement and lack of family communication can be identified. We believe that we have designed some excellent educational programs that address these issues. We also believe that other programs in the Utah community such as Teen Aid, the Teen Mother and Child Program, the YWCA and others too numerous to mention, have developed excellent services to meet the myriad needs of a diverse and complicated community. It is our contention that no one solution can possibly be effective at resolving the complex situation we find ourselves in. It is our sincere hope that someday, education programs such as classes for parents who want to actively participate in their children's sex education; classes for parents and youth together, approaching the subject of sexuality, where the groundwork for communication is laid; and classes in health and family life education for school age children beginning at a mutually agreed upon age, will be sanctioned and promoted through PTA's, school districts, churches of all denominations and even the media. Imagine an alternative to Friday night rock videos one night a month being a movie young people and their parents watch together on the pressures teens confront to become sexually involved. A discussion led by community professionals and leaders could follow. With the commitment of an entire community, the solutions are easily implemented, and the problems are more likely resolved.

Teenage sexual activity and pregnancy will not go away unless there is heightened awareness and commitment, and a willingness to abandon simplistic approaches, to take bold and often controversial steps and to pay the necessary price. We hope that this testimony will assist the House Select Committee on Children, Youth, and Families in helping to strengthen America's most valuable resource, the family.

CATHOLIC COMMUNITY SERVICES OF UTAH,
Salt Lake City, Utah, December 6, 1983.

Hon. GEORGE MILLER,
Chairman, Select Committee on Children, Youth, and Families,
House of Representatives, Washington, D.C.

DEAR CHAIRMAN MILLER: Catholic Community Services wishes to thank you for the opportunity to present written testimony to your committee on Children, Youth and Families. Our agency has been in the Salt Lake Area since 1945 and is licensed as a Child Placement Agency. Our purpose is to enhance the well-being of the individual on all levels of human need regardless of race, creed or color.

We are very concerned with the breakdown of family structure and the serious consequences which may result from this situation. We are pleased that the Select Committee has been continued and is searching for the State of the Art in this matter. We feel that our nation needs to have a standing committee that will investigate what is happening to children, youth and families and be able to look at any proposed legislation dealing with these issues. As it now stands there are many agencies and segments of the legislature proposing and legislating policies, rules and regulations which have not been sufficiently thought out as to the possible long-range effects. Our country needs to have one committee to evaluate and make suggestions about policy affecting our children, youth and families. We commend your work in this area.

Our agency workers have identified and proposed several areas of concern which we are enclosing for your consideration. Thank you for this opportunity to share our thoughts with you.

Sincerely yours,

FRANK W. MCDONOUGH, *Executive Director.*

Enclosure.

PREPARED STATEMENT OF FRANK W. MCDONOUGH, EXECUTIVE DIRECTOR, CATHOLIC COMMUNITY SERVICES OF UTAH

I, Frank W. McDonough, Executive Director of Catholic Community Services of Utah (CCS), thank you for this opportunity to submit written testimony for the regional field hearing of the Select Committee on Children, Youth and Families rescheduled for Salt Lake City December 6, 1983.

We are presenting two recommendations to the Select Committee. The first is preventive; the second is corrective.

I. PREVENTIVE

We suggest that additional funding be made available to provide a continuum of services to assist female single heads of households to achieve self-sufficiency. There is a growing realization of what is now called the "Feminization of Poverty": the disproportionate numbers of women who head households below the poverty level. In Utah we are becoming increasingly aware that these women do not want to remain dependent on the Welfare system. We are only beginning to direct resources to help them exit from this system.

Our suggestion is that along with AFDC payments, services be coordinated which will help these women achieve self-sufficiency: in particular, job readiness classes and job services.

The achievement of self-sufficiency will be preventive in the sense that it will directly reduce the numbers of those presently on welfare as well as break the cycle of poverty wherein children of welfare households grow up to be heads of welfare households.

II. CORRECTIVE

We recommend increased government support for services which will assist children to leave the foster care system and enter permanent homes: specifically, funding for legal services and adoption subsidy.

The first task of any agency working to achieve a permanent placement plan for children is to help them return to their own birth families. However, if this fails, both public and private agencies who have custody of children need to be able to move these children into adoptive homes. These children, for whom adoptive homes are needed, are special needs children: they are physically or mentally handicapped, older children, from an ethnic minority background, or part of a sibling group. We professionals in the child welfare field are finally waking up to the fact that there are families willing to adopt such special needs children.

Two vital components to make special needs adoptions happen are legal services to free children for adoption and adoption subsidies for families who adopt these children.

First, legal services are vital because often birth families who are not willing to provide for their children still resist relinquishing their parental rights. This severance of parental rights is serious: it demands careful legal preparation and a decision by the court. Public agencies have access to the Attorney General's Office and local County Attorneys. Private agencies, on the other hand, need financial help from the state or federal government for the legal services necessary for permanent planning for children in their care.

Secondly, the Federal Government needs to expand its funding to the State for special needs adoption subsidies. These subsidies, whether medical or maintenance, enable families who lack the financial means to adopt these special needs children. Even "middle class" families will not be able to absorb the extra medical expenses for a child who has cerebral palsy or cystic fibrosis. Many other families who are willing to adopt older children, for example, would not be able to entirely sustain the cost of supporting another family member.

In summary, we recommend to the Select Committee that they look for means to direct increased resources to the following areas:

1. A continuum of services to promote self-sufficiency for female heads of household;
2. Legal services to free special needs children for adoption;
3. Adoption subsidies to facilitate the placement of special needs children with adoptive families.

We commend your efforts and those of the rest of the Select Committee on Children, Youth and Families.

Prepared Statement of Maryanne Conley and Betty Bowne

At the turn of the century very few women worked outside the home. Since there were fewer modern luxuries like washing machines, heating, electrical appliances, lighting and refrigerators, household chores were more difficult and time consuming. Since then, home conveniences, smaller families, and compulsory education laws have lightened the household work load and almost elminated teaching and day care responsibilities. As a result, women have had more time to be involved in activities outside the home. Hence, they have become active in the labor force. By 1920 nearly 25 percent of all women were working. Today the labor force participation rate for women has increased more than 50 percent with the rate of involvement of married women and mothers increasing.

Utah's women are not exempt from inclusion in these trends. At one time the state of Utah was unique in that the number of women involved in the labor force was less than that of the nation. However, in the last thirty years Utah's participation rate for women increased more rapidly than the national statistics—27.2 vs. 17.2 points; it now at least equals the national rate. Although the number of women in Utah's population doubled between 1950 and 1980, the amount of women in the labor force increased nearly fivefold.

The labor force participation rate for married women with a husband present (in Utah) has increased by a 26 percentage point—from 19 percent in 1950 to 45 percent in 1980. During the same period of time and from women with the husband absent, the labor force participation rate increased by 30 percentage points. Married women represent the largest share of the female labor force in Utah and also contribute most to the overall increase in female labor force participation. An interesting side note—the median income of Utah's female year 'round full-time workers, in each educational attainment category, is much less than those of males. Women with four years of college have a median income equal to that of males with only an eighth grade education because two-thirds of women professionals have relatively low-paying teaching and health-care jobs.

In 1982 a survey was conducted by Utah Issues Information Program to identify potential problems caused by increased family economic pressure, the necessity of both parents working, and the availability of quality child care. Questionnaires were distributed to the public through a broad network of agencies, organizations, and individuals. A total of 657 questionnaires were returned from respondents residing in Salt Lake County, Utah County and others throughout the state with Salt Lake County being over represented and other counties outside Salt Lake and Utah being under represented. Approximately 1450 children were represented with 82 percent being under age 10. The sample cut across a variety of income levels—from families with annual incomes of under $5,000 to families with incomes of $35,000 and over. The following information was obtained from the survey:

Of those who currently use child care, over half use child care centers; slightly less than one-fourth use a relative; an equal percentage use family day care homes, either licensed or unlicensed.

Nearly ¾ (71 percent) of those using child care were happy with their current arrangement. Of the fourth (29 percent) who were not happy with their care, most responses cited factors which did not affect the actual care of the child, such as cost, inconvenience, lack of transportation. Still, a distressing number of responses indicated some factors relating directly to the care of the child, such as lack of activities, inappropriate age programs, dislike of food served, or dislike of caregiver.

When asked to indicate the times they need care, parents responded with heavy daytime needs, including morning, afternoon, and all-day. Twenty-five percent specifically mentioned a need for after-school care, while 11 percent note evening care-needs. A small, but perhaps significant, 4 percent indicated need for 24-hour care.

Significantly, 68 percent of the unemployed parents surveyed answered that they would work if child care were available. Of this group, nearly 78 percent had household incomes to $10,000 or less. Of the unemployed AFDC parents, 69 percent would go to work if child care were available.

Sixty-nine percent of the respondents indicated a need for more or many more child care centers. Only 1 percent felt there should be fewer child care centers, while 26 percent felt needs are being met adequately.

IF A PROGRAM WERE OFFERED, WOULD YOU USE IT?

	School program		Employer program	
	Number	Percent	Number	Percent
Yes	423	73	446	77
No	136	24	119	21
Unsure	18	3	14	2
No response	80		73	

From information found in this survey, it would seem that schools and places of employment have the best possibilities for before and after-school programs, since parents have expressed confidence in these organizations. However, some considerations must be taken into mind. The rest of this report will focus on the possibility of school involvement in the provision of child supervision based on the experiences Betty and I have had in our efforts to do so.

Last year at Jackling Elementary School, Granite School District, the need for early morning and after-school supervision programs for elementary aged children was identified through the Parent/Teacher Forum meetings. A pilot "Latch-Key" project for ten students was launched by Betty Bowne and operated for six weeks beginning on January 17, 1983. It was believed that a small scale project would be more successful. Three volunteers were obtained through the Granger High School Career Counselor to supervise the children on a daily basis from 3:45-5:00 p.m. A teacher from the school staff was hired to direct the three volunteers.

CONCLUSION

It was found that the high school volunteers were not able to prepare adequately to handle the children on a daily basis. In order to operate a volunteer program of this nature, there must be a large number involved so as not to burden each with more work and hours than can be expected. Training programs for young volunteers are necessary to insure the success and confidence of each one. If adult volunteers are to be obtained, it must be realized that many people who may be willing to donate their time may not be able to, because of obligations to their own families at times when before and after school supervision programs are needed. It should also be noted that activities need to be extremely high in interest in order to make them enjoyable for the children, as they already have or will be spending a full school day in regular class work. At the completion of the project it was decided that funding would be necessary to the development of a high quality program consisting of experienced personnel.

In the Fall of 1983 a telephone survey was conducted of the patrons of Jackling Elementary and again the need for early morning and after school programs was indicated. Interestingly, most parents felt that before school care was more important than after school and that early morning hours were more critical than afternoon hours. Approximately 180 families out of 435 are female headed, male headed or male-female headed with all working to support the home. It was believed that since many parents were both working to support the home—they would not be able to afford the cost of a high quality as previously described. A fee scale was developed to help us determine what parents could and should pay for this service. This scale is similar to those used by other private child care services. Continual efforts have been made in order to obtain funding from several private organizations and corporations to make up the deficit created by the scale. Unfortunately these attempts have been unsuccessful.

In order to determine the willingness or ability of parents to pay for the full cost of the needed program, Betty and I decided to offer several three and one half workshops on a daily basis from 7:30 to 8:45 a.m. beginning November 28, 1983. These ranged from storytelling to computer and ceramics. Teachers were employed to handle the classes. Parent response was low. We have concluded that the cost of those classes was probably not affordable, especially before the holiday season.

A third attempt is now being made to set up a program through parent co-op volunteering. Parents who are interested will arrange to be one hour late for work one morning per month and donate that time to the school in supervising activities previously organized for the children. A fee is still needed to subsidize the cost of materials, yet it is much lower. This type of program can be successful if enough parents are willing to share in the responsibility of the work. However, activities must be pre-planned and cannot be left up to the parent for preparation, since they may not have the time or the skills. Also, volunteers must be supervised by certified directors.

Registration began on December 7 and will continue until January 9, 1984. At a later date we will be able to determine if this program can be successfully implemented in many schools to handle child care programs in the future.

PREPARED STATEMENT OF MARY L. OLSEN, PH. D., PRIVATE CITIZEN

SALARIES OF CHILD CAREGIVERS

Approximately 50 percent of women with children under age 6 are in the work force. While parents work, child caregivers are subsidizing parents through personal and financial sacrifices while they pursue employment and training.

The salaries of caregivers in the nation as a whole, as well as in Utah, are appallingly low. Most of these caregivers are women who, by selecting child care as a profession, have almost guaranteed themselves a below average standard of living. According to the National Day Care Home Study, which was funded by the federal government, in 1977 eighty-seven percent of the home caregivers earned wages below the minimum wage; 94 percent had earnings below the proverty line and 99 percent were below the low income line. Nearly half of all children in fulltime care are in home child care provided by caregivers who earn sub-standard wages. Caregivers in center care and in family day care (home care), not only earn low salaries, but they receive neither retirement, nor health benefits, no paid vactions or job security while working an exhausting 10 hours per day.

In Utah, during 1981, day care centers, the average salaries paid to lead teacher/directors was $4.14 per hour, teachers earned an average of $3.53 per hour, and teacher aids earned an average of $3.15 per hour (less than the minimum wage).

The problem of low wages to caregivers is intensified in the State of Utah because the fertility and birthrates are high, and Utah has the youngest population in the nation with a median age of 24.2 years compared to a national median of 30 years. Thirteen percent of the population is under age 5, compared to 7.2 percent of the population under age 5 in the United States.

The need for child care is greater in Utah, yet to permit or mandate improvements in caregiver earnings by increasing parent's costs, would impose severe burdens on young parents during a time in their lives when they have inadequate income and are struggling to meet the food, clothing, and shelter needs of children.

The low wages and lack of status afforded caregivers encourages poor staff morale, burnout, rapid staff turnover, and unqualified child caregivers. Granted, there are many qualified, dedicated caregivers who teach and guide young children without adequate compensation, nevertheless quality staff will increasingly be forced to select other careers.

It is time that we find adequate financial resources, either public or private, to reward and recognize the value of raising young children. The support and funding for child day care should come from a variety of sources, i.e., state and federal budgets, private funding, tax policies and income tax credits, so that parents will not have to shoulder the entire burden of child care costs at the time in life when they can least afford it. If the support for child care is not increased, the care children receive will deteriorate further. Currently, many children are already in sub-standard care and care for themselves before and after school.

Crucial to the role of caregivers is establishing equal pay for work that is comparable with the work of public school teachers.

PREPARED STATEMENT OF IRENE FISHER, DIRECTOR, AND SHIRLEY WEATHERS, PH. D., RESEARCHER, UTAH ISSUES INFORMATION PROGRAM, SALT LAKE CITY, UTAH

Utah Issues, a statewide advocacy and information program on low-income issues, applauds the work of the House Select Committee on Children, Youth and Families, and shares its concerns. This statement will focus on the circumstances of children and families in poverty who, while vulnerable to the problems experienced by their peers of all income levels, must face them with the additional difficulties that attend living below the poverty line. We appreciate this opportunity to add to the already invaluable body of information the Select Committee has compiled and considered in its attempt to address this critical topic.

POOR CHILDREN IN UTAH'S FAMILIES, CHILDREN THAT ARE POOR, AND UTAH'S CHILDREN

Economic hard times began to impact Utah in 1980, meaning that the income information gathered by the 1980 census (incomes for 1979) reflect what may be considered Utah's last "good" year. Nonetheless, census data show that poverty rates among Utah families with children had increased over the decade since 1970 (from 9.4 percent to 9.7 percent, while poverty rates for all families declined significantly during the same period (9.4 percent to 7.7 percent). Families with children are at higher risk of being poor. What these rates represent in numbers are 15,150 families with children in poverty in 1970, and 21,590 in 1980. Nearly 57,000 children under 18 lived in poverty-level families in 1979. What this means in Utah is that if all the children in poverty were put into one geographical area, they would comprise the second largest school district in the state. Twenty-three thousand poor children were under the age of five. Poverty strikes families with young children—though expectable, the implications are disturbing. Whether approached from a humanitarian or pragmatic point of view, the rising rate of poverty among children is intolerable. Children in poverty suffer from deprivation of basic necessities during their formative years and their future lives may be negatively impacted as well. Our society stands to lose when children's productive capabilities are hampered from the outset by the effects of poverty.

It has been said that the poor are poor because they want to be poor. Without accepting this contention, we must question at least whether 57,000 children in Utah can be said to be living out such a desire. Children must be recognized as clear victims of poverty, victims of circumstances beyond their control that contribute to poverty. They are victims of the economic crisis of the past few years, of increasing divorce and desertion rates and any subsequent unwillingness or inability of the absent parent to pay child support. They are victims of the constriction of employment, of the technological changes that cause their parents to be "displaced workers." They are victims of reductions in funding for social programs that previously stood between them and poverty. And they are victims if their parents choose not to take steps to get out of poverty. Children, regardless of the causes for their poverty, are totally powerless to change their circumstances.

Careful attention to children's needs is particularly necessary in Utah because of the high birth rate. Utah is among the top ten fastest-growing states in the nation. It holds that position for a unique reason: seventy-five percent of the growth is the result of the birth rate. This results in a median age in Utah of 24.2 in contrast to 30.0 nationwide in 1980.

Infant mortality is one of the most generally accepted indicators of the health-related impacts of poverty. The current level of sophistication of medical science and availability of quality care makes infant mortality an almost unnecesary tragedy. The poor are the most likely to suffer, not only because of the impact of direct elements such as inadequate prenatal care, but also due to a combination of general responses to economic distress, including dietary deficiencies and the use of alcohol and detrimental drugs. Infants born to low-income women have a greater chance of death, as do their mothers at the time of delivery. In Utah, where infant mortality rates traditionally have been low, a jump in infant deaths from 1981-1982 is alarming.

CHILDREN IN POVERTY IN FEMALE-HEADED FAMILIES—UTAH'S RESPONSE

The feminization of poverty, now a nationally accepted trend, is a significant reality in Utah, as is its impact on children. Census data show a decline in the poverty rates for female-headed families in Utah between 1969 and 1979. However, the rates still reflect the critical level of vulnerability of these families and their children. The 1970 Census reported 5,978 (43.1%) female-headed households with children under 18 living in poverty. Ten years later, while the poverty rate had dropped to 35.7%, the fact that this represents 8,790 families with children must not be ignored. Also of concern is the 1980 poverty rate of 51.9% for female-headed families with children under six, which is 16.2 percentage points higher than the poverty rate for all female-headed families with children. Efforts being made in Utah to combat the feminization of poverty are commendable.

In mid-1983, the Department of Social Services articulated "self-sufficiency" as a primary goal to be implemented within the AFDC program, and is asking the State Legislature to adopt that same goal in this year's Budget Session. The Department has written in funding for extra caseworkers to facilitate the goal into its budget for the upcoming fiscal year, as well as additional appropriations for child care. This focus constitutes a shift away from what has been called the "surrogate husband" role AFDC traditionally has held. AFDC applicants and recipients will be assisted with self-support plans on a voluntary basis. They will be informed of their options for employment and training, and helped to formulate their own self-sufficiency plans designed to move them towards independence from public assistance. There are already some signs of success, though continued and increased progress depends to a great extent on adequate appropriations for the Social Services budget. This year's legislative session also gives lawmakers an opportunity to strengthen child support collection methods in order to help single parents avoid the welfare cycle that currently contributes so heavily to this poverty population.

CHILDREN IN POVERTY IN TWO-PARENT FAMILIES—UTAH'S RESPONSE

The outlook for poverty-level two-parent families with children, on the other hand, is grim. The greater average earning power of men over women and lower poverty rates for male headed families with children must not mask the fact that the 1980 Census counted 12,800 of these families in poverty. The issue of children in poverty must be addressed, regardless of whether they live with one or both of their parents. Yet, Utah's good record in combating poverty among female headed households is reversed when it comes to two-parent families with children. From 1962 to early 1981, an AFDC-U (Aid to Families With Dependent Children-Unemployed) category existed in Utah as an aid to low-income two-parent families wherein the primary breadwinner was unemployed and ineligible for unemployment insurance. In January 1981, the Utah Legislature terminated the program, resulting in the closure of 1,420 cases at the end of the fiscal year. The Department of Social Services conducted an evaluation of the impact of the program's termination and found unmet medical needs and separation and divorce as the primary consequences for the families.

A number of specific findings call into question the wisdom of the program's termination. Nearly 22 percent of the closed AFDC-U cases reopened as AFDC cases over the succeeding eleven months. The rate of family break-up represented by these families is over twice the previous rate of divorce and desertion experienced prior to the elimination of the program. Almost 44 percent of the families whose cases were closed in July had incomes of less than $500 per month by the following November. Nearly 72 percent had incomes of less than $750 per month.

Utah Issues contacted nineteen agencies to discuss the human dimensions of the AFDC-U termination and was told the following stories about two-parent families to whom this assistance was no longer available:

A family of six is dependent on a husband who formerly worked as a truck driver. Since experiencing a problem with his legs three months ago, he has been in the Veterans Administration Hospital. The family has been without income since his unemployment compensation ran out. They sent three children by a previous marriage to the first husband; one child remains. The family is in the process of being evicted from the home.

The father of a former AFDC-U family in eastern Utah was employed part-time unloading trucks; now that job is gone. The husband is constantly looking for jobs. The wife has worked off and on, but "there aren't any service jobs in the area, and when they do open up, people are standing in line waiting." The wife was pregnant with the second child in March. The hospital would not talk to her because she did not have $500.

A family split into two units—the father and one child living in one home, the pregnant mother in another. They could not find jobs, they had no income, and they took this step when they became desperate over how to pay for the delivery of the baby.

A family of four moved here from Nebraska. The husband secured two jobs as a trucker, but was let go from both when his employers learned he had a prison record. He worked on an LDS Church farm through the church employment service for two days. It was very hard for them to ask for help, but the wife went to Social Services. They had a difficult time accepting the information that they would have to be divorced to get help.

In the winter of 1982, the dire circumstances of intact families who would have qualified for the federally and state-funded AFDC-U program had it still existed reached such proportions that the Utah Legislature was convinced to appropriate funds for an Emergency Work Program. That program has been continued to the present time, demonstrating an obvious need. However, the $50-$100 per week a family receives on the program (according to size) guarantees a tragic level of poverty for the children in these families. Health care most certainly is substandard, since the program participants are not eligible for Medicaid as they were under the AFDC-U program. The state's priorities, if they include aid to children in poverty, must include acceptance of the need for assistance to two-parent families, especially since Utah's energy growth rate has slowed and technological changes have impacted the job market in the same negative way here as in the rest of the nation.

CHILDREN IN POVERTY AND THE CHANGING FAMILY STRUCTURE

A number of statements presented to the House Select Committee have advanced theories to explain the problems of children in terms of changes in the family structure; as we have pointed out, increasing divorce rates, compounded by nonpayment of child support, are a significant element in poverty among children. However, we believe there is a need on the part of any society to face reality and address problems within that reality. We also believe changes in an institution like the family must be viewed with an eye to their multiple causes. Caution must be used when considering the reality of growing numbers of single parents with children, in order to avoid a longing for a traditional answer that may summit children to greater harm than the disruption of their families. Innumerable examples come to mind where to counsel, for example, an abused spouse or the mother or father of abused children to maintain the situation would be a crime. The stress and injury, be it emotional or physical, to children in an unworkable family situation can only be speculated.

Moreover, to prophesize failure for children of single parents is not only inaccurate, but also detrimental to families who find themselves in that circumstance—families whose numbers are, in fact, increasing. This viewpoint, for an agency that seeks and encourages the alleviation of poverty, may appear inconsistent with what we know about poverty among single parents. However, if that particular brand of poverty is to be alleviated—if the feminization of poverty is to be addressed and ameliorated—a concerted effort must be made to accept as reality the changing family structure, the trend towards single parenthood. Poverty hurts the poor—it may hurt children most of all, regardless of the form their family structure takes.

Big Brothers/Big Sisters of Greater Salt Lake,
December 6, 1983.

House Select Committee on Children, Youth, and Families,
Salt Lake City, Utah.

Dear Representatives: Big Brothers/Big Sisters of Greater Salt Lake is a private, non-profit organization which provides adult friendship, guidance, and positive role modeling for children who live in one parent families. Working with single parent families, we are presented with a first hand, daily perspective on the difficulties that these families encounter. We would like to briefly share that perspective with the Committee, and offer our suggestions as to means by which these problems might be approached.

The most obvious presenting problem we observe in the one parent families we serve is poverty. The impact of poverty on these women and their children, materially, psychologically, and emotionally, cannot be overstated. Since many of these women are not equipped with the education, skills, or experience to move quickly and effectively into the job market in order to support themselves and their children adequately, we believe it is essential that government assistance, particularly in the areas of welfare grants, health care, job training and development, and day care, is provided at a level sufficient to maintain a reasonable standard of living for them. In our view, this assistance at this time is not sufficient. Substantial increases in funding for these essential social services, not the cuts we have witnessed in the past three years, are required. Welfare benefits should be structured to provide incentives for these women to move away from dependence upon government assistance, and the disincentives that have been incorporated in welfare policies in recent years should be eliminated. It is also important that these benefits are provided without the strong stigmas currently attached to receipt of welfare assistance by policies, distribution systems, and political rhetoric.

Most single parent families would also benefit greatly from support services that can be provided by government or private agencies. Child care, job training, mental health services, recreation and socialization programs, prevention programs, and a variety of other social services must be available if single women and their children are to achieve a higher quality of living and the opportunity to improve their situation. Unfortunately, current national policies run counter to this need. Cuts in funding for support services for one parent families should be reversed, and the notion that the private sector can, with reduced government support, adequately fulfill these needs, should be dispelled. Cuts in spending for support services, coupled with ever increasing demand for those services simply mean that many families will be denied opportunities.

National priorities should be re-ordered to reflect a new emphasis on fostering healthy, productive, and stable families and individuals. Single parent families should be given top priority in a renewed commitment to social services. Certainly, there is no panacea to resolving the problems faced by women and children in one parent households, and certainly addressing these problems will require money as well as changes in attitude and policies. But the challenge is so important that it must be met. Increased funding for services can be achieved through better enforcement of child support laws, and through substantial cuts in the bloated and ill-conceived budget for strategic nuclear defense. We urge the House Select Committee on Children, Youth, and Families to use its influence upon the Congress and the Administration to re-order priorities to better serve the single parent families of this nation.

Respectfully,

Stephen G. Erickson, *Executive Director.*

SALT LAKE CITY, UTAH, *December 12, 1983.*

To: House Select Committee on Children, Youth, and Families, House Office Building Annex 2, Washington, D.C.
From: Jill Johnson, Outreach Technician.
Re testimony for the hearings on the problems of children, youth and families.

As a Salt Lake Health Department employee for the last five years, while working with the health programs I have had the opportunity to work with single parents. I find their problems to be 1) financial 2) morale 3) family roots 4) survival in inflationary times.

Since I am a single parent myself with eight children at home at the time of my divorce, I can speak from firsthand experience, as well. In 1968, my ex-husband left and went to Mexico. When he returned, he pulled out all finances from the family, giving only $25 per week for groceries, etc. for a family of ten.

I started to work in the summer of 1969 on swing shift so the older children could watch the baby and younger children. My baby was four months old at the time. I just didn't have enough money to keep the family running.

I started divorce proceedings in January, 1970, after my ex-husband burned my father's trailer house off the property. It was my father's property. My ex-husband had continually stated that he was going to kill my father.

I did not succeed in finalizing the divorce. I decided to give it another try. Then in 1973, I initiated divorce proceedings again when my ex-husband started going out in the evenings with other women and told me he wanted a polygamous marriage. He became violent. He broke my nose, and even became sexually abusive.

I reopened the divorce in 1974. When I filed for the divorce, there wasn't even a thought in my mind that I and my children would not be awarded our property, especially since it had been my father's previous to my marriage. I have since spent thousands of dollars on twelve attorneys in an attempt to regain ownership of the land my father intended to serve as support for me and my children. My children and I are not able to use money from the sale of the property because of suits for the land. Consequently, my children have gone without the needs of life that I, as a working mother, could not provide for them.

A woman has a monumental task to maintain a family, even with adequate child support. I recommend to the committee:

1. Laws be passed to strengthen child support enforcement.
2. Women should be awarded the dwelling without any attachments, since families are mainly headed by women after a divorce.
3. Stipulations in divorce agreements that the woman may not remarry, cohabitate, move, or have outside persons other than family staying in the house until the youngest child becomes of age or else the support will be removed must be unconstitutional, it seems to me, and should be dissolved.

Thank you.

JANICE JOHNSON HATCH,
Out Reach Technician.

PREPARED STATEMENT OF TINEKE VAN DIJK, PAUL WHARTON, TAMARA WHARTON, SALT LAKE AREA COMMUNITY ACTION PROGRAM AND UTAHANS AGAINST HUNGER

Dear committee members, we are writing to tell you about a specific kind of child abuse. This abuse leaves children maimed and scarred for life. It hampers mental and physical development, forces children to be hospitalized, and at times, robs them of life itself. It is not a child abuse where parents can be laid to blame, nor one where a parents' love of a child can be questioned. This type of child abuse is the direct result of the dire poverty that affects 1 in 5 of America's children.

America has 12 million children living in poverty. These children, due solely to their parents' lack of money, are denied many of the basic necessities of life. For these children inadequacy is all they know: inadequate health care, inadequate housing, inadequate food and nutrition, inadequate heat, and inadequate education. This type of abuse attacks the whole family, causing stressful living conditions that tear at the basic moral fiber of families and that force fathers to leave the home to ensure some assitance for the mother and children.

In 1979, 56,986 of Utah's children were living in poverty. We assume that this number has increased, for 1979 was Utah's last financially prosperous year. Times have gotten worse since 1979. Unemployment rose to a record high of 9%. Budget cuts and the restructuring of all assistance programs have taken countless dollars away from children and their families. They have forced countless families to our agencies' doorsteps. These new poor, many of them once comfortably middle class, are now desperate and destitute.

Though poor children are being affected in every area of their lives we focus on the nutritional needs of America's children. We will review the following child nutrition programs and analyze what has happened to recipients in these programs in the last few years: WIC, School Lunch, School Breakfast, Summer Food, and Food Stamps.

WIC

One of the most effective federal programs, the Special Supplemental Food Program for Women, Infants and Children (WIC) provides food supplements and nutrition training to low-income, high risk pregnant or nursing women and children to age five. WIC has been found to increase birth weight, iron levels, and growth patterns for undernourished mothers and children and, in turn, is projected to save $3.10 in medical expenses for every dollar spent on the program.

Utah's WIC program has recently recovered from the FY 81 National Program Freeze, when, due to the freeze of funding, inadequate allocations formulas, late notifications of funding levels, and state and local inexperience with caseload management, Utah experienced one of the most dramatic percentage reductions of caseload in the history of the WIC program nationally.

Utah's average caseload fluctuations

February 1981	22,000
September 1981	6,995
September 1982	19,000
February 1983	15,200
September 1983	20,536

This initial freeze in 1981, had a ripple effect in Utah's WIC allocation and caseload. Women and children were cut off the program with no notice and with no means of nutritional replacement. The quality of the program suffered severely. After funds did become available, many eligible women did not want to participate again in such an erratic program. The program, fortunately, has recovered, but further cuts would undo that recovery and could permanently jeopardize the reputation of the program.

In January, 1982, USDA projected that 82,824 potential WIC participants reside in Utah. As noted, Utah currently serves just over 20,000 participants. Utah is 3rd lowest nationally in serving the numbers of WIC eligibles. Utah is 46th lowest in per capita income among states and has a birth rate twice the national average. Utah's WIC program must expand to serve at least 50% of its projected caseload as recommended for each state by the National Maternal and Fetal Advisory Council. Utah needs more funds, but not at the expense of women and children in other states. We recommend that funds be made available to more adequately reflect Utah's needs and the needs of women and children throughout the nation.

SCHOOL LUNCH AND BREAKFAST

The National School Lunch and Breakfast Programs' reimbursement rates have been cut drastically by Congress in the last few years. The price of school meals has increased dramatically: Utah's "reduced-priced meals" cost to children has increased by 300% since March of 81; the increased prices forced seven thousand students out of the program in FY 82. During the school years 80–81 and 81–82, Utah lost a total of 32,052 students from school lunch and 1,781 students from breakfast. In addition, the increase in "severe need rate" for the Breakfast Program from 20% to 40% made it impossible for many schools to continue to provide breakfast. One-third of Utah's schools dropped the Breakfast Program.

Not only have the programs been cut, but extreme hardship allowances in the income standards for free or reduced-priced meals have been eliminated, making many students once eligible for free meals eligible only for reduced or full-priced meals.

With the increased costs, many Utah families are unable to afford school meals and no longer participate. The new application process is yet another disincentive. Applicants are required to provide Social Security numbers and verification of income to school principals. Utahans see this as an unwarranted invasion of privacy and decline application. Although this saves federal food dollars now, in the long run low-income children, who once depended on school lunch for a third of their daily nutrition, may develop costly health problems, resulting in a much higher expense to the Government. Furthermore, those food dollars saved are eaten up in administrative costs.

SUMMER FOOD PROGRAM

The Summer Food Program offers nutritious lunches to children in targeted low-income neighborhoods, to aid in children's nutritional well-being during the summer months when school lunch is not available.

The most drastic alteration of the Summer Food Program is the new requirement that 50% (rather than 33⅓) percent of the children who live in the target area to be served must be eligible to receive free or reduced-priced meals in school lunch or breakfast. Since the data to support compliance with this new requirement are obtained from the numbers of participants in nutrition programs in the area schools, changes in breakfast and lunch affect the Summer Food Program. The change has had a very negative impact in Salt Lake County. Prior to the change there were 21 sites in Salt Lake County serving Summer Food to approximately 1,192 children. When the requirement went up to 50 percent we lost 9 of the 21 sites. Within one year we lost 449 children due to the new requirement. Salt Lake County's drastic reduction in participation reflects its uniqueness. Unlike other metropolitan areas, the valley does not have a large poverty community concentrated in one place.

Salt Lake's poor reside throughout the valley in what are described as pockets of poverty. Because low and middle income families live in the same community, the poor are penalized by the 50% poverty requirement. In areas that do have "enough" poor to qualify, when the price of a reduced-priced lunch increased 20¢ to 40¢, Utah's participation rate was reduced by 7,000 children. Their parents could no longer afford the lunches. Those seven thousand children are no longer part of the data used to qualify an area for summer lunch. For example: A school in which 52% of the students received reduced priced meals prior to the price increase, and where 5% of the poor children drop out (because of their parents' inability to pay), would no longer qualify for free summer food because the data would show that only 49% of the children are "poor enough".

The increase in reduced-priced meal costs together with the higher poverty requirements for free lunch eligibility has greatly injured children in Utah, and particularly in Salt Lake County. Not only does it literally take food out of the mouths of children but it falsely suggests a lowering in the number of poor children at a time when poverty is reaching epidemic proportions.

FOOD STAMPS

The newest problem facing Food Stamp recipients who are trying to work their way off public assistance also has the most severe adverse effects of any change we've seen since the current Program was instituted in 1979.

The impact that Retrospective Budgeting metes out on the worker who loses a job lasts for two months—and a recent case in Salt Lake County illustrates how devastating it can be.

Retrospective Budgeting is based upon a Monthly Report submitted to the Food Stamp agency. A Food Stamp recipient household reports its gross income from all sources during the previous month. The agency uses that income to determine a benefit amount for the next month. To illustrate: A Monthly Report must be submitted (in Utah) not later than December 17, showing total income for the month of November. By the end of December, the Utah Department of Social Services (UDSS) will calculate the household's benefit for January, based "retrospectively" on November's income.

As long as a recipient household's income remains relatively constant, there are no problems. When, however, a recipient loses a job, the effects reverberate for two months. If the hypothetical family loses its job during December, January's Food Stamp benefit will continue to reflect November's income just as December's Food Stamps reflected October's income. Because the household's Food Stamp benefits are determined retrospectively for two months, the job loss will not be reflected until two months later. The State Regulation is simple and direct:

> For all cases, a decrease in income in the budget month shall be reflected in the corresponding issuance month. Retrospective budgeting procedures apply. Never adjust the issuance any earlier. Assistance Payments Administration Manual, UDSS, Volume IV (Food Stamps) Sec. 336.34.

Consider the impact on a real case. Ms. C. lives in Salt Lake County, a divorced mother with 4 children. She married 12 years ago while she was still in high school and dropped out without finishing. She has let two of her children go to adoption agencies—to reduce her expenses so she could survive on the sometimes-below-minimum-wage jobs she has had to take. She has been on and off welfare several times—always trying to work her way in the world.

In the fall of 1983 she got a job—the income was enough that she gladly looked forward to closing her welfare case in a few months. In November she decided a few extra dollars in Food Stamps might make a difference for Thanksgiving and Christmas. Her income was barely below the maximum allowed—her November allotment was $2.00; for December; she got $4.00.

Then she lost her job.

Her Food Stamps for January will reflect her November income—she'll get $4.00, again. In Ms. C's case, she's "lucky" because her February stamps will be able to recognize that she lost her job in December. If she had started to receive stamps in October, her February stamps would have included the income she got for November's last pay period (if received in December) plus December's few days of work.

Compounding the problem is the realization that she is also not eligible for an adjustment of her financial assistance under AFDC—because it, too, is computed retrospectively.

Theoretically, an "extra" benefit goes to the Food Stamp recipient at the beginning of participation—which is supposed to be "saved" to cover expenses at the end. Clearly, in Ms. C's case—and in hundreds like her throughout Utah—the practical reality falls far short of the theory.

We urge Congress to ameliorate this unnecessary hardship by providing that where a source of income terminates through no fault of the participant household (and we would include a "good cause" voluntary quit in the definition of "no fault") an adjustment of Food Stamp allotment shall be made in the following month, irrespective of retrospective budgeting. To say it in regulatory language:

In retrospective calculations, disregard income from a source that terminated in the income reporting month or the interim month, where the household did not cause the termination.

We also suggest that if the termination occurs in the first half of the month a supplemental Food Stamp allotment, pro-rated, be issued; if the termination occurs after the 15th, the adjustment be made in the next month.

We also strongly urge that Congress adopt these provisions in Aid To Families with Dependent Children.

CONCLUSION

Food Assistance programs for children and their families were created, due to shocking evidence that hunger and malnutrition existed in almost every poor community in the nation. In the last three years, these programs have been severely battered by Congress.

In the last two years, there have been reports of rising malnutrition among infants and children in Boston, Detroit, New York, and other communities across the country. Infant mortality in some poor communities, such as Detroit, the infant mortality rate exceeded the rate in many poor South American countries.

At the December 6, 1983, hearing of the House Select Committee on Children Youth and Families, held in Salt Lake City, Utah, a member of your Committee commented on child abuse. He stated that if we have found a cure for Polio and other diseases why can we not find a cure for child abuse. At least for child abuse that takes the form of malnutrition there is a cure.

The cure is simple, food. For in America it is clear that we have the means to save our children's lives—if we choose to.

In the words of the late Senator Philip A. Hart January 30, 1976.

The child whose brain is damaged or whose growth is stunted because of a poor diet faces a life of dependency and poverty. If the moral considerations of taking every possible step to prevent such damage are not compelling enough, then cost-cutters should at least consider the cost to future generations in terms of lost earning capacities and perhaps, public assistance.

SOUTHERN UTAH STATE COLLEGE,
SCHOOL OF EDUCATION,
January 4, 1984.

DAN MARRIOTT,
Ranking Minority Member, Select Committee on Children, Youth, and Families, House of Representatives, House Office Building Annex 2, Washington, D.C.

DEAR DAN: Enclosed is testimony which I would like to have made part of the testimony collected at the hearings for the Select Committee on Children, Youth, and Families: December 6, 1983 hearing, children, youth, and families in the Southwest.

I appreciate serving as a member of the Utah Advisory Council for this committee.

Sincerely,

Kent E. Myers, Ph. D.,
Professor of Education.

Enclosure.

Prepared Statement of Kent E. Myers, Member, Utah Advisory Council on Children, Youth, and Families

I would like to enter testimony concerning four ideas into the testimony of these hearings. The four are: (1) the encouragement of the extended family living together, (2) the protection of abused children, (3) the development of basic education programs for all children, and (4) that exemplary families and programs which nurture family life be given great public notice.

EXTENDED FAMILY

A terrible waste of human resource is occurring in the United States, especially in persons over fifty-five years of age. I would like to propose that Congress adopt as national policy the concept "that the extended family of at least children, parents, and grandparents as a basic family unit be encouraged." I believe that at least two concrete steps could be taken immediately. First, that federally supported housing would include construction of housing that were specifically designed with grandparent space, e.g., special bedroom with sitting are and bath. Second, that steps be taken to discourage the warehousing of elderly by changing the rules of payment by medicare so that families are responsible if they have funds available. This extended family concept also would help solve the problem of child care for the school age "latch-key" children.

ABUSED CHILDREN

It has been my observation that when the extended family lives together there are fewer abused children in those families. The number of abused and battered children in our nation is a national calamity. We need to have much stronger federal and state laws which remove children from abusive parents and place them in families which are stable and wholesome.

BASIC EDUCATION

My review of studies of prisoners in state and federal prisons indicates one astounding fact, that a majority of inmates cannot functionally read or write. I would like to recommend that additional study of this fact be made to test the hypothesis "that the failure to learn basic skills leads to criminal activity." It is my contention that the hypothesis will be proven. In that regard, we need federal legislation which will forcefully encourage states to establish basic education competency as a rule of advancement through the school system. Our continued promotion of students from grade to grade without skills causes the students who are thus moved along to guaranteed failure to become frustrated, aggressive, and delinquent.

Basic education for all children must include the handicapped and children from culturally and economically disadvantaged families. A renewal of the great dream of a functionally literate electorate must become reality.

EXEMPLARY FAMILIES

Recently, I watched a televised program which honored outstanding Americans from various fields in the Arts. The show was dramatic and well produced. We need something like this to honor great families or persons, programs, institutions, or agencies which provide exemplary models or programs which positively effect families. Recently, I was involved with a program, "Family of the Year," sponsored by the Utah Association of Women. It is my feeling that such a program could be sponsored by one of the agencies of the federal government in the Department of Health and Human Services or perhaps it could become a function of Congress with the responsibility being part of a committee function such as this Select Committee on Children, Youth, and Families.

PREPARED STATEMENT OF ANNE MARIE WEINER, ASSISTANT PROFESSOR, HOME ECONOMICS AND CONSUMER EDUCATION, UTAH STATE UNIVERSITY, KAREN S. STONE, SPECIALIST, FAMILY, HOME, AND OCCUPATIONAL HOME ECONOMICS, UTAH OFFICE OF EDUCATION, AND EILEEN RENCHER, DISTRICT COORDINATOR, OGDEN, UTAH SCHOOL DISTRICT

Mr. Chairman and Members of the Select Committee on Children, Youth, and Families, I am Anne Marie Weiner, Assistant Professor of Home Economics and Consumer Education in the College of Family Life at Utah State University. I am presenting this testimony in collaboration with Karen S. Stone, Specialist, Family, Home, and Occupational Home Economics, Utah State Office of Education, and Eileen Rencher, District Consultant, Ogden, Utah School District. We appreciate this opportunity to bring to your attention the role of home economics professionals in meeting the needs of children, youth, and families; particularly the way they apply prevention strategies to potential family crisis situations.

Home economics has been associated with improving the quality of family life since the profession was created in the first decade of the twentieth century. The field was defined at the Fourth Lake Placid Conference in 1902 as being the study of man's immediate physical environment and his nature as a social being, and the relation between the two.[1]

The Smith-Hughes Act of 1917 initiated funding for home economics education by including the occupation of homemaking as a component of vocational education. Each successive review and passage of this legislation has addressed relevant socio-economic concerns as they affect families; and this concern for current family conditions has been reflected in the home economics programs that the legislation supports.

We would like to present to this committee a view of the family and of contemporary youth as seen by home economics professionals. We would also like to highlight the way in which home economics programs are successfully dealing with the problems of both family and youth.

The realities of family life today and how they affect problems of youth have been recognized by legislators and citizens throughout this country. As a result, various intervention strategies have been initiated, funded, and expanded to deal with difficult situations such as are described in this testimony. Prevention, however, is more cost-effective than intervention or remediation. Yvonne Ferguson, State Supervisor of Home Economics Education in West Virginia has strongly defined the importance of prevention:

"Prevention of or alleviating problems that impact on families is necessary to achieving national priorities. Helping a family successfully manage their money rather than becoming an applicant for bankruptcy, preventing a teen-age pregnancy and the costs related to childbirth and rearing, or improving attitudes that make a worker more productive at paid employment have long term implications for the family and for our society."[2]

But what constitutes a family in the 1980s? Census reports and other family data gathering research efforts reveal the following picture of today's emerging diverse family style.

The traditional family unit of father/wage earner, mother/homemaker and dependent children accounts for only 7 percent of the families in the United States today.

Single-person households accounted for 25 percent of family units in 1980.

51 percent of the nation's married women were in the labor force as of March, 1980.

This includes 45 percent of all mothers with children under 6 years of age.

Trends that add to our description of family life in the 80's are:

Single parent families have increased dramatically in the past twenty years. More than one-fifth of all children in the United States who are under 18 are being raised by a single parent today.

One out of every two marriages this year is likely to end in divorce.

The majority of divorced persons remarry, creating extended families with complicated legal relationships. The term "blended family" has recently been used to describe this situtation.

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[1] Lake Placid Conference in Home Economics. Proceedings of the Fourth Conference, Lake Placid, New York: n.p., 1902.

[2] Ferguson, Yvonne. West Virginia Department of Education, Charleston, W.V. Letter to Joan McFadden, Utah State University, Logan, Utah, October 22, 1981.

Personal bankruptcy is on the increase. Bankruptcy and other economic crises such as loss of job or reduction in pay can affect family goals, lifestyles, and even personal relations between family members.

Child and spouse abuse is increasing. There were 785,100 reported cases of child abuse in 1980 alone.

These statistics and trends are neither comprehensive nor exhaustive, but they may help convey to you a picture of the family as seen by home economics professionals. As the family unit changes, many family styles emerge. These various forms of family units must be acknowledged in our educational efforts and in legislation if either is to effectively serve the needs of the American family.

If we narrow our focus from the family to adolescents, we find more cause for concern. A majority of home economics professionals work in the high schools of our nation. They are therefore in contact daily with contemporary youth and acutely aware of their problems. For example:

Adolescents in the United States have rates of child bearing that are among the world's highest. About 10 percent of the United States' adolescent females were pregnant in 1980 and 6 percent gave birth.

Teen-age marriage is increasing, with 75 percent of these marriages ending in divorce.

Drug abuse is a major problem in high schools and the lower grades throughout the country.

Alcohol abuse and addiction is increasing in the under twenty-one age group.

National unemployment among youth in April 1983 was 17.3 percent overall and 40.5 percent among blacks.

Here again, we can not claim a complete description. Rather, we have highlighted situations that seem to have the most devastating effects on youth and on the educational setting. The quality of life for youth today must be stabilized and enriched if this country wants a high caliber of leaders and citizens in future decades.

Historically, home economics has been involved in programs of education with the purpose of helping families maintain their desired quality of life and to prevent crises. The profession has pledged its support to this goal for the future. Areas were identified by the coalition of home economics professional organizations as warranting high priorities in conjuction with the reauthorization of the Vocational Education Act[3]; these include:

Family violence; parenthood; family economics and consumer behavior; aged family members; energy use in the home; and nutritional status.

Special population groups that have priority in the program plans of Consumer and Homemaking (home economics education) have also been identified. They are:

School-aged parents; single parents; elderly persons; persons in correctional institutions; and low income and/or disadvantaged individuals.

Home economics has been and will continue to be an educational force dedicated to providing knowledge and skills to youths and adults to help them cope in an ever changing world. Toward that end and to assist them in maintaining and increasing the quality of their family life, we teach both theory and practical skills.

Home economics has a proven history of program effectiveness. We would like to share with you several documented examples of successful home economics programs that have been directly involved with family life education.

In study of 17 schools in North Dakota, South Dakota, and Minnesota, high school students who had completed parenthood education courses were compared with matched students who had not. The results showed that the students who had completed the parenthood courses had a greater knowledge of child development, more confidence in their ability to deal with children, and more skill in solving child rearing problems than those who did not take the courses.[4]

Graduates of Iowa high schools in 1980 were asked how well their home economics classes had prepared them for homemaking tasks (family living skills). 80 percent of the students replied "good" or "very good", particularly in the areas of caring for children and foods and nutrition.[5]

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[3] Consumer and Homemaking Education. Recommendations for Reauthorization of the Vocational Education Act, Public Law 94-482.

[4] Mokros, Jan. "Education for Parenthood: Does it Make a Difference?" Education for Parenthood Exchange 8 (January, 1981): 1-2.

[5] U.S. Congress, House, Committee on Education and Labor. Testimony given by Ruth Pierce Hughes before the Subcommittee on Elementary, Secondary, and Vocational Education, 97th Congress, 2d sess., 1982.

Personal testimonials to the benefits derived from home economics programs from students, teachers, and parents appeared in the report: The Value of Home Economics Education by Caputo and Haymore.[6] Comments from students included: "The home economics courses have really helped me and changed my life.", "I learned so much about family life and I have used to make my life meaningful to myself and my child.", and "At home practice better homemaking methods that I acquired in home economics classes."

A State Office of Education received an unsolicited letter from a high school graduate that emphasized the positive effect that the home economics class had upon his adult life. He wrote, "Since high school graduation, I have lived on my own, married, and begun a family, I have purchased a car, appliances, and most recently a home; I have managed my energy, time and money . . . all with the help of this background course in Consumer Homemaking (Home Economics).

In May, 1983, a Phi Delta Kappan magazine article, entitled "The American High School Today: James Bryant Conant's Reservations and Reconsiderations" reported that research indicated home economics courses "produce better problem solving ability than do courses in algebra." [7]

Similarly, in 1982, at a national conference on "Leadership for Educating for a New Century", Don Glines, Assistant to the Associate Superintendent in the California State Department of Education, stated that he wanted to see more taught than the three R's and that he viewed home economics as "the most important subject in the curriculum".[8]

These representative examples of the positive affect of home economics education on family life convey the significant impact that home economics has on youth and on the well-being of children and families.

We hope that this presentation has clarified the nature of the home economics profession and its commitment to the welfare of children, youth, and families in this country for the members of this committee. Our purpose has been threefold. We hope that you will recognize home economics professionals as family advocates, since our interests, priorities, and programs consistently have the family as the prime focus. Our knowledge of children, youth, and families has been gained through professional study, personal interaction, and empirical research. This background combined with our goals enables us to be informed and sympathetic advocates for the family.

Second, we ask for the inclusion of home economics through our professional organizations (American Home Economics Association, the Home Economics Division of the American Vocational Association, and the Home Economics Education Association) in the drafting of legislation concerning the family, in hearings related to family legislation, and in considering the impact of all federal legislation on the family unit.

Our third request is that you support federal funding of home economics (consumer and homemaking) programs at both the secondary and post-secondary level. In this way you will contribute to the continued success of home economics in educating for a high quality of family life. You will also be supporting one of the most viable family-crisis prevention programs offered today.

Thank you for this opportunity to present this information and the position of home economics to you. If you have questions regarding the information that we have presented, please contact Dr. Anne Marie Weiner, Assistant Professor, Home Economics and Consumer Education, UMC 29, Utah State University, Logan, Utah 84321.

SALT LAKE CITY, UTAH, *November 1983.*

Representative DAN MARRIOTT,
Ranking Minority Member, Select Committee on Children, Youth, and Families, House Annex 2, Washington, D.C.

REPRESENTATIVE MARRIOTT, SELECT COMMITTEE, UTAH ADVISORY COUNCIL: As a member of the Utah Advisory Council I would like to take this opportunity to submit my written testimony for the hearing record of the regional field hearing in

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[6] Caputo, Colleen C. and Haymore, Judy. "The Value of Home Economics Education: Observations of Students, Teachers, and Parents." University Park Pennsylvania: Pennsylvania State University, 1981.

[7] Hampel, Robert L. "The American High School Today: James Bryant Conant's Reservations and Reconsiderations." Phi Delta Kappan 64 (May, 1982): 607–612.

[8] Glines, Don, "Leadership for Educating a New Century." 1982.

Salt Lake City. I plan to be in attendance of this important meeting to hear the testimonies of the select witnesses.

I would like to thank you for your conscious effort in the behalf of all American families who need the services of this committee now, and also those who will benefit in the future. Thank you for bringing to my attention the immediate need of our nation to work together in finding positive and better ways to live harmoniously and equitably in our relationships as parents. I also am concerned with the consequences of the present system of law as it reflects in the statistics of the report on current conditions and trends. I am happy to offer my service and positive focus to those issues at whatever level I can be involved.

I am the mother of three boys and three girls ranging in age from 20 to 6 years and have earned a living as a homemaker for 21 years. I am currently a docent at the Utah Fine Arts Museum and have taken additional classes. I have served as a volunteer in the Primary Children's Medical Center for the Infant Car Seat Program, and have served in various community volunteer capacities as a member of the Salt Lake City County Medical Auxiliary. I have served in my church and in the public schools.

Since January of 1983 I have been involved with the Utah system of law through divorce litigation, and have needed the service of three attorneys, a commissioner, a custody evaluator and a judge. My suggestions will be directed from my observations and contemplations as I have participated in the system.

CONTRACT TO THE UNBORN CHILD

I have become aware that it is of absolute necessity to the halting of the deterioration of American families that we focus on "parenting" courses in the schools. The reeducation of the nation cannot be neglected or postponed. It is our duty to make the responsibility associated with parenting, and the serious consequences of neglect, uppermost in our consciousness.

As we see trends to equalize parenting responsibility, it is of importance that we educate our young people to understand their personal commitment, their integrity and moral obligation to the child that they issue; that when a child is born there is a contract made of solemn promise that they as parents will meet the financial necessities of that child until such time as the youth is educated and reasonably self supporting. Furthermore, that if parents are unable to meet these needs, that assignment be made through foster parenting or adoption. Impoverishment through neglect, willful withholding and the making of burdens upon the taxpayers is violation of the contract. Just as marriage is a commitment, parenting is of equal or greater commitment. We must learn to accept our responsibility for the well-being of dependents just as we do for ourselves. Absence, unemployment or emotional withdrawal does not excuse the commitment, the original contract to the unborn child. We must address the consequences over and over again until they are perfectly clear. We must realize that damaging another person is unacceptable.

As we direct this now to divorced parents, it is also addressing equal parenting. Parents who do not live with their children on a daily basis are no more excused from their obligation than when they were in the family residence. If through common consent or litigation one parent is assigned as "the parent with the duty to pay", every effort must be made to cooperate. Usually in divorce, the father is the parent with the duty. The astounding facts revealed in recent statistics of impoverished dependents leads us to believe that we have failed to educate fathers properly. Enforcement is the consequence and at best, that has not solved the problem.

If litigation brings the family before a judge, that judge has the power to help the children by enforcement of payments that are not forthcoming. The law allows the choice of payment, garnishment or jail for 30 days with the right to appeal in 5 days after confinement. It should be noted that the overcrowded conditions in the jails make this so unpleasant that it only takes 5 days to change the mind of the offender. Even though this rarely happens, and it is considered ineffective, it is worth consideration that this existing law can be enforced if payments are habitually withheld without appeal for reconsideration. Enforcement is appropriate; but unfortunately it is not all this simple. Courts are not set up as collection agencies, and force does not alter a person's integrity.

MANDATORY MARRIAGE CONTRACT

In addition to my own court hearings, I have sat in on other divorce hearings. I sincerely recommend that all high school students have the same experience as a matter of required education either through a parenting course or an introduction to law class. To observe the reality of the court system would make them think seriously about their commitment to marriage and children. Consequences of behavior and communication breakdown could also be observed. They would develop understanding instead of fear of the words "court," "judge" and "lawyer."

The judge and attorneys serve to decide what the couple is unable to agree upon between themselves; they serve to identify the tip of the iceberg as it appears in black and white. They do not serve to override fear of the unknown, anger from criticism and guilt, and tension from emotional reactionalism. The court provides an arena for the contest of division. Unfortunately, justice is not the object of the game, truth is not the object of the game, preserving love is not the object of the game; and time and money pose limitations to these ends.

During divorce emotions prevail. Rational thinking is not always the case, and the clarity of what is "mine" and what is "yours" becomes a major obstacle. I have been made aware of the advantage of a marriage contract to prevent these problems which make divorce the trial that it is. Marriage contracts allow the agreement of ownership to be in black and white while both parties are including fairness as an element in the marriage. An understanding is developed that each purchase and acquisition belongs to one or the other, but is used in common for the duration of the marriage. Parenting roles could be defined and responsibility delegated. This clearly avoids the "out of ones own control-ness" that has to occur in divorce litigation. The decisions are not in the hands of parties who are hired or working against the clock, but are left directly in the hands of the interested parties. Would not every one be living in more comfortable marital relationships if they did have this understanding from the beginning?

If contracts were written thoughtfully and fairly, the comfort of knowing where one stands would be constructive to the overall relationship. To assume that equal division, including parenting, will take place automatically or that only one partner should be aware of the financial statement allows deception to exist for the duration of the marriage. Rare is the couple who does agree on everything when dealing out of stress or emotional point of view. The writing of the contract would allow one to see upfront ownership, anothers comfort zone, and willingness to share reasonably. Not all contracts will read the same, but follow a standard form. Legal counseling would be required just as in estate planning and the writing of wills. When both parties feel comfortable with the contract and the clause to reevaluate and update, guidelines of responsibility provide the assurance that future contention will be minimized or even averted. If one is required to have a marriage license, one could be required to have a marriage contract. One could more clearly see the real reasons why they are getting married through thoughtful introspection.

FAMILY LAW

On a high school level, divorce process on an interstate model basis could be taught in a Family Law class. Family law must be known as a step contributing to the stabilization in marriage. Likewise, when basic principles of the system are understood, more constructive energy could be directed towards mediation and fair solutions in the event of litigation. Tension and fear of the unknown would not be an element blocking settlement. I also believe that such education would be helpful to legislators in providing young people's ideas space in the formation of better laws for the future. The need to establish family court out of the regular system of litigation needs more focus, as well as input of personal experiences. Youth can contribute if they know the basics.

Young women must be taught their part in the business world. It is their business to know tax structure, investment, and the necessity of a credit rating, etc. They must become a participant in the marital financial picture just as much as the man. Also, it is foolhardy for a woman to leave herself without any training in job skills outside of the home which she might later need to draw on as support for the children. Women need no longer believe that their skills are not as valuable or that they must take lower paying jobs. Likewise, because childbearing is unique to women, she should be given the respect that she is earning a living while performing the job of mother and homemaker.

Because many lawyers were not required to take family law courses while in school, and we are seeing the need of more specialization in the court system, it is reasonable to require this training of judges and lawyers primarily involved in family court. It would be to the benefit of the families as well as to the benefit of the judges and lawyers, and offer more ways of improvement.

A BRIEF HISTORY

In January of 1983 it had become apparent that the marriage was not salvageable. Upon acquisition of an attorney for each party, necessary legal papers were drawn up to appear before a commissioner. At the March hearing, the need for a custody evaluator was established. I asked that the children not be asked to take sides; and continually stressed that they had equal need of both parents, but that only one could remain in the home under the present circumstances. I did, however, request that I remain in the home to offer a stable environment for the five children living there. This was granted in April.

By July it was necessary for me to move out of the family residence to preserve the children's peace of mind from excessive outside pressure. A court hearing before the assigned judge was scheduled to establish temporary maintenance for me and the youngest child, whom I took out of the home with me. It was then granted that I would receive a fixed temporary amount including insurance. The choice was not offered for payment to be received by the court clerk's office. At the request of the father, who had returned to the home, mandatory visitation time was ordered.

At this point I considered it necessary to make a change of counsel because of the deprivation and damage that was occurring. To date, temporary maintenance in full has been denied, and an order to show cause brought us before the same commissioner again in November. In addition to an order for payment in arrears, request for further psychological evaluation was granted. Discrepancy over the exact amount owing and denial to pay resulted in the scheduling of another hearing before the judge in December. Since July, this will be the second time to go before the judge to establish temporary payment.

Financial discovery is now in progress, and the custody evaluation has been continued. I have been involved with the process of law for eleven months.

ADDITIONAL SUMMATION

Through the breakdown of communication and the absence of a basic prenuptial agreement, our family is experiencing the frustration of our lives being directed by strangers. Never did I dream that the lives of 6 children and 2 adults would be dictated to by impartial strangers. We must seriously consider how we got into this position and secondly, how to take our lives back into our own hands. The victim-stranger relationship and the position that parents are put into with their children is not unique to this family. Perhaps others could avoid this pitfall if they were to develop more clarity in the beginning.

Our nation's youth are seeing family upheaval and are living in an era of changing family structure. They participate in open discussion with each other of how their own or another's family organization failed in continuity. Archaic laws that have come down from an outdated family structure are no longer appropriate to families today. New amalgamated families with a collection of children from 2 or 3 marriages, and debts or even bankruptcy that occurred from the litigation of a previous marriage, gives need for a marriage contract of assets to be set up in the new family.

What is happening is that there is a need to update what is afoot. The old culture is in a shifted situation and we cannot afford to be in illusion about the real stream of life.

CONCLUSION

The consciousness of American parents must someday turn to the belief that their stewardship of children born to them, and respect likewise of all children, is truly a God-given gift and an opportunity to get it straight once and for all in family relationships. If we ultimately do not come to see this as a sacred commitment, we will not see harmony and peace on our planet. Love of all creation must be our ultimate goal and it all begins within our own hearts and extends out to those closest to us, the children.

Respectfully submitted,

Renea G. Fairbanks.

Prepared Statement of Kenneth H. Patey, President of the Patey Human Resource Foundation, a Utah Non-profit Corporation

Thank you for the opportunity to submit this document.

I listened with great interest on Tuesday, December 6, 1983, to the members of your committee who were present in Salt Lake City and to each individual who, during that day, presented oral testimony before that body. Clearly presented was the magnitude of the problems your committee has been commissioned to address. The frustrations and hopes of 1) individuals and organizations attempting to impact meaningfully those problems and 2) those to whom effort is directed were also expressed. In the following brief document I hope to provide from my perspective some explanation for the continuing frustration. More importantly, however, I wish to offer something which can give substance to the hope.

Some four years ago I linked with an institute in Colorado. Their goal was to provide skill-training in human relations. Their premise was that if individuals would learn skills and techniques in how to get others to talk, how to break patterns of hostility, and how to harness harmful behavior, that a condition of trust would develop between the individuals concerned. Out of this trust could then develop a bond that would permit them to resolve problems. The hope-for payoffs were to be things like improved husband-wife, parent-child, teacher-student, employer-employee and public servant-citizen relationships thereby reducing the incidence of divorce, delinquency, runaway youth, job dissatisfaction, and the mistrust of civic figures, etc. Some who learned the techniques and used them with total integrity (that is without any effort to manipulate), and who had deep respect for the dignity of man, made phenomenal progress in both rebuilding relationships which had deteriorated and in creating new solid ones. For the most part, however, participants tended to use these techniques to out-manipulate those who were manipulating them. The result was the amplification rather than the resolution of problems. Even more disheartening, those who were unsuccessful in mastering the techinques began to view themselves as total failures. Not only had they failed as a parent or a spouse, they couldn't even learn the necessary skills to succeed.

The major flaw with techinque, especially if it is put forth as a method to change behavior, is the assumption that identical misbehavior in two or more individuals can be resolved with the same technique. Would it not be folly for a physician to always use the same remedy for any patient who exhibited an identical fever level? That a fever can be manipulated by technique is not relevant. Behavior too can be manipulated by technique. Manipulated fevers and behaviors tend to blossom again as soon as the manipulation or the manipulator is absent. The target of a physician is the underlying cause of the fever. In like manner the underlying cause of misbehavior should be the target in human relations. And yet to sally forth in search of the cause and leave a fever unchecked or an inappropriate behavior unrestrained, when long-term consequence to self and others could be imminent, would also be folly.

Could much of what is being done today in our effort to remedy the ills of society be the haphazard application of plans devised by others for situations which only appear to be the same? Misapplied "solutions" may not just fail. They may actually compound the problems we seek to rectify.

THE DISCOVERY

In 1981, my wife (who co-taught family seminars with me) was asked to give a 45 minute lecture to a group of mothers on how to communicate effectively with teenage daughters. This assignment presented a major challenge. Three eight hour blocks of time (24 hours) had been needed to give seminar participants a handle on using the skills or techniques we were teaching. How could one make a significant impact in only 45 minutes?

The entire month preceding this lecture was a struggle to reduce and simplify the process. The result was the birth of material which emphasized not techinque, but rather the personal application of principles which govern human behavior. A concurrent discovery was that those who had been experiencing genuine success in the use of "skills" had actually been intuitively altering the skills. That is, they were tailor-making the learned skills to fit the unique nature of their own circumstances. We began to see that they were actually applying principle—not techinque at all. Technique had provided insight and ideas but had not become the sole ingredient in their solutions.

TESTING THE PRINCIPLES

Having already severed association with the Colorado firm, we embarked on a venture to put these principles to the test. A new company was formed and an entirely new seminar outlined. As we began to present the new material we saw that providing the participants with an understanding of principles not only gave them insight as to what they ought to be doing, but they began a process of self discovery regarding what they had been doing that actually precipitated the very problems they were trying to resolve. Where with skill-training people set out to change the errant behavior in others, those who were exposed to this new material sought to correct the flaws in their own behavior. As the principles were internalized application flowed naturally. Instead of phrasing things the way we did, they used their own words. Rather than trying to duplicate the solutions of others, they created their own. Perhaps most exciting of all, we began to see realized in the experiences of our participants the very goals that had been hoped for with the previous seminar.

TARGET AND PHILOSOPHY

On the page that follows is a paragraph entitled "Statement of Purpose", and a list, "Statement of Beliefs", which sets out our underlying philosophy.

THE MODEL

The next page is a copy of "The Freedom—Fairness—Force Model". (Pages three and four are both extracted from the material provided course participants.)

STATEMENT OF PURPOSE

To strengthen the character of America (the country as a whole—its states, counties, cities, communities, neighborhoods, families, and its businesses and institutions) by profoundly impacting (1) the way in which individuals perceive themselves and others, and (2) the manner in which people interact with each other.

STATEMENTS OF BELIEF

(1) We believe that all individuals, regardless of race, color, creed, cultural difference, educational background, etc., are of infinite worth.

(2) We believe that, but for the possible limiting effects of congenital defects, all individuals have at birth an innate sense of that worth.

(3) We believe that an individual's perception of his worth is significantly affected (positively or negatively) not only by what is said to him and the manner in which he is treated, but also by the emotional messages accompanying these interactions.

(4) We believe that all individuals are endowed with innate capacities that are only partially tapped at best.

(5) We believe that the greatest growth for individuals comes when they discover that they *do* have the seeds to the solutions to their own problems within them.

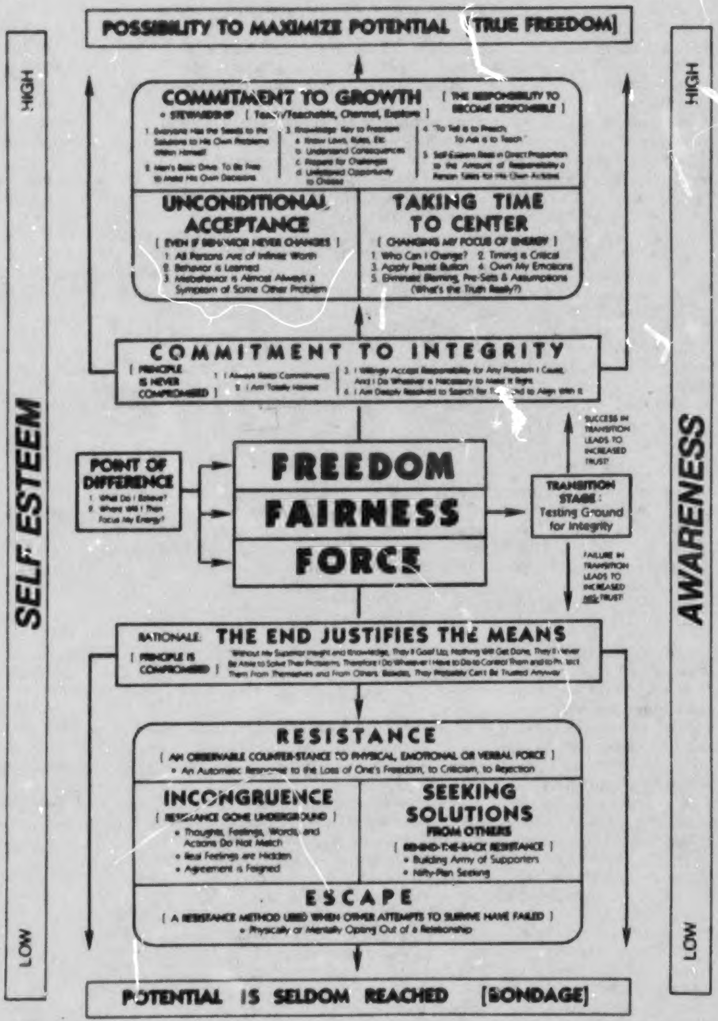
(6) We believe that self esteem rises in direct proportion to the amount of responsibility individuals take for their own actions.

(7) We believe that man's basic drive is to be free to make his own decisions.

(8) We believe that trust is a by-product of proven integrity and unconditional acceptance.

(9) We believe that the key to Freedom is knowledge—a knowledge of principles, laws, rules, etc. There must also, however, be an understanding of the consequences of adhering to or violating those principles, and a preparation beforehand to deal with challenges to ones commitment to live by them.

(10) We believe that the deterioration of the family unit, the increasing posture of defiance of authority (parental, school, government, etc.), and the widening rift between labor and management is a direct outgrowth of either the absence or violation of fundamental Freedom Principles governing human interaction.


POSSIBILITY TO MAXIMIZE POTENTIAL [TRUE FREEDOM]
SELF ESTEEM
HIGH
LOW
AWARENESS
HIGH
LOW
COMMITMENT TO GROWTH
[THE RESPONSIBILITY TO BECOME RESPONSIBLE]
• STEWARDSHIP [Teach/Teachable, Channel, Explore]
1. Everyone Has the Seeds to the Solutions to His Own Problems Within Himself
2. Man's Basic Drive: To Be Free to Make His Own Decisions
3. Knowledge: Key to Freedom
a. Know Laws, Rules, Etc.
b. Understand Consequences
c. Prepare for Challenges
d. Understand Opportunity to Choose
4. "To Tell is to Preach, To Ask is to Teach"
5. Self-Esteem Rises in Direct Proportion to the Amount of Responsibility a Person Takes for His Own Actions
UNCONDITIONAL ACCEPTANCE
[EVEN IF BEHAVIOR NEVER CHANGES]
1. All Persons Are of Infinite Worth
2. Behavior is Learned
3. Misbehavior is Almost Always a Symptom of Some Other Problem
TAKING TIME TO CENTER
[CHANGING MY FOCUS OF ENERGY]
1. Who Can I Change?
2. Timing is Critical
3. Apply Pause Button
4. Own My Emotions
5. Eliminate Blaming, Pre-Sets & Assumptions (What's the Truth Really?)
COMMITMENT TO INTEGRITY
[PRINCIPLE IS NEVER COMPROMISED]
1. I Always Keep Commitments
2. I Am Totally Honest
3. I Willingly Accept Responsibility for Any Problem I Cause, And I Do Whatever is Necessary to Make It Right
4. I Am Deeply Resolved to Search for Truth and to Align With It
POINT OF DIFFERENCE
1. What Do I Believe?
2. Where Will I Then Focus My Energy?
FREEDOM
FAIRNESS
FORCE
TRANSITION STAGE: Testing Ground for Integrity
SUCCESS IN TRANSITION LEADS TO INCREASED TRUST
FAILURE IN TRANSITION LEADS TO INCREASED MIS-TRUST
RATIONALE: THE END JUSTIFIES THE MEANS
[PRINCIPLE IS COMPROMISED]
"Without My Superior Insight and Knowledge, They'll Goof Up, Nothing Will Get Done, They'll Never Be Able to Solve Their Problems. Therefore I Do Whatever I Have to Do to Control Them and to Protect Them From Themselves and From Others. Besides, They Probably Can't Be Trusted Anyway"
RESISTANCE
[AN OBSERVABLE COUNTER-STANCE TO PHYSICAL, EMOTIONAL OR VERBAL FORCE]
• An Automatic Response to the Loss of One's Freedom, to Criticism, to Rejection
INCONGRUENCE
[RESISTANCE GONE UNDERGROUND]
• Thoughts, Feelings, Words, and Actions Do Not Match
• Real Feelings are Hidden
• Agreement is Feigned
SEEKING SOLUTIONS FROM OTHERS
[BEHIND-THE-BACK RESISTANCE]
• Building Army of Supporters
• Nifty-Plan Seeking
ESCAPE
[A RESISTANCE METHOD USED WHEN OTHER ATTEMPTS TO SURVIVE HAVE FAILED]
• Physically or Mentally Opting Out of a Relationship
POTENTIAL IS SELDOM REACHED [BONDAGE]

PATEY SEMINARS
P.O. BOX 700 OREM, UTAH 84057

"THE PATEY FREEDOM - FAIRNESS - FORCE MODEL"
(An Anatomy of Human Relations)

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KENNETH H. PATEY

Perhaps the most effective way to show the astounding impact this educational experience has on individuals would be to present the entire 12 hour seminar to your committee or to one you might choose to send as a participant. Our method of instruction is such that one could sit in the group and never open his mouth and still come out of the experience significantly motivated—not the kind of motivation that is short lived and the ideas shelved, but the kind that stimulates continuing action.

We have learned that what people need more than therapy is education. Hence an awareness portion is included to help them understand what is happening in relationships and why. They learn how to alter their own course, and to deal healthily with circumstances beyond their own control. Most profound of all is the power of self discovery. Following a recent seminar a mother of several children who had been to counsellors weekly for the past five years asked for a few minutes with us. She unfolded in approximately 45 minutes the awarenesses she had had in the seminar. As she walked in to her counsellor three days later he immediately inquired about what had happened to her—he said that he could see an astounding change. When she told him what she had discovered about herself his response was, "We've been trying to tell you that for five years and you wouldn't listen."

You see, once a person has a belief in place, whether the belief is accurate or false, he will see only evidence that confirms his belief. Even the best controverting evidence presented by well-meaning individuals desiring to help will be cast aside by internal self-talk. "This person obviously doesn't understand my situation or he wouldn't be saying that!" Thus even the best of help may be rejected simply because it is not self discovery.

THE CHALLENGE

The following statements and questions were among those raised by your committee: "I wish we understood this more clearly—keeping healthy families together." "What can we do to eradicate, eliminate, or reduce [family violence]? Give us a detailed letter on how." "How do we go back and attack the root of the problem? I'm very concerned about where we are going." "How do we bring needed service to society?"

THE SOLUTION

Those who first became exposed to our material questioned whether what we did was transferrable. Could others do what we demonstrated so effectively. Just as important, could anyone else teach it? Was it the charisma they saw more than what was being shared?

We have evidence in the performance of hundreds of individuals who have attended. Evidence also in the fact that these individuals are significantly affecting those who are around them. Change is so obvious in some that acquaintances are asking what has happened to them.

We are teaching family emphasis seminars regularly in Utah and Salt Lake Counties, and in other areas of the country by request. Virtually all of our participants come by referral from those who have previously attended.

We are presently finalizing a facilitators training course which will be offered to individuals all over the country who would be interested in teaching this material in in-home workshops and seminars. The goal is to offer this educational experience at fees within the reach of all individuals. Hence the decision in November of 1983 to establish a non-profit corporation—The Patey Human Resource Foundation.

We have never turned away anyone regardless of financial circumstances. May I hasten to add however, that only in rare situations have those who came without paying a fee invested their minds. We now require something—even if it is only the cost of the participant workbook. The investment of dollars or service or trade is somehow linked to one's motivation to use his mind.

THE IMPACT

We are touching lives in significant ways:

Marriages on the edge of divorce have been solidified.

Couples who have separated, having sold home, divided furniture, and moved states apart have been reunited.

Twelve-year history of physical abuse to wife and children (began three weeks after marriage) ceased two years ago with no recurrence!

Teenagers involved in drugs, shoplifting, sexual promiscuity, etc., have turned their own lives around. (Parents of such youth whose children were not exposed to the material have also had such impact on their formerly hostile sons and daughters that change occurred voluntarily.)

Wives, now single parents, having experienced the trauma of divorcing an unfaithful spouse and then being thrust into the work force and having to make all the decisions stand tall and confident and at peace.

Individuals who for years battled low self-esteem (and who tried to mask it with facades of success, or anger, or withdrawal) now reach out to tell others about the changes within themselves.

An administrator of a privately endowed American Indian Services program who attended our program two months ago reports that our material is having a more profound effect in reaching the Indian people than anything he has ever used!

Individuals who characteristically have shifted all blame to others for where they are begin willingly to accept their share of the blame and speak of how they feel better about themselves.

CONCLUSION

Ladies and gentlemen of the Select Committee on Children, Youth, and Family:

Those who push the need to "build guardrails at the tops of cliffs instead of positioning ambulances at the bottoms of ravines" speak clearly but narrowly of the ideal. Both are imperative. The task is to turn the present tide of deterioration—to reach the point where an ever-increasing portion of the available funds can be used for preventative thrusts rather than primarily on restorative ones.

We do have a viable alternative that is both preventative and restorative.

If there is interest, I would be pleased to discuss our material in greater detail with a member of your committee.

We extend to a member of your committee an invitation to participate in a family emphasis seminar here in Utah as our guest to see first-hand what we have to offer.

Prepared Statement of Norma Edelman, Executive Director, Colorado Commission on Children and Their Families, State of Colorado

Death by suicide is a growing major mental, social, and educational problem in contemporary America. This problem is particularly acute for adolescents. Government statistics divulge that six to eight thousand young people between the ages of fifteen and nineteen take their lives annually. (Greuling and DeBlassie, 1980.) Furthermore, experts indicate that if all teenage suicides were accurately reported, this figure would easily be sixteen thousand or more. This tragic statistic is magnified when considering that nearly fifty suicide attempts occur for every completed suicide.

The Colorado Commission on Children and Their Families is concerned about the incidence of suicide among the youth of Colorado; and therefore, is promoting suicide prevention/intervention techniques and is attempting to increase public awareness regarding the impact of child/adolescent suicide on families, friends, and community. We agree with the sound clinical viewpoint stated by E. E. Murphy (1974) which is shared by many mental health professionals. He states:

"Rational suicide is a rarity. The descriptive facts are that most persons who commit suicide are suffering from clinically recognizable psychiatric illnesses, often carrying an excellent prognosis."

While suicidal behavior is not a new area of study in behavioral literature, perhaps our understanding of it has just recently emerged. There is increased evidence that mental health professionals, as well as trained lay people, can make a difference in the life of a self-destructive individual. Believing this to be true, it is the position of the Colorado Commission on Children and Their Families that child and adolescent deaths due to suicide can and should be prevented. Furthermore, it is the purpose of the Commission to assist communities in reducing the rate of the tragic and untimely deaths of our youth.

Suicide in the Western states consistently has ranked higher than the rest of the country. According to the National Center for Health Statistics, in 1979 the average suicide rate in the United States was 12.5 per 100,000. Washington, Montana, California, Oregon, Wyoming, Colorado, Arizona, and New Mexico ranked among the top dozen states with rates ranging from 13.3 to 22.9 per 100,000.

In Colorado alone suicide was the second highest known cause of death among youth aged 10 to 19 years as reported by the Colorado Department of Health. Only motor vehicle deaths ranked higher. Suicide among all age groups in Colorado accounted for 2.5 percent of all deaths, but rose to 11.1 percent of youthful deaths. When using the above cited estimate that there are fifty suicide attempts for every actual death, we can speculate that over 1700 teens in Colorado attempted suicide in 1980.

Prevention/intervention techniques exist to significantly curb the increasing rate of youth suicide. In addition to crisis centers and hot lines, programs have been developed to integrate training, identification, and intervention programs. A comprehensive program, "The Self-destructive Behavior of Adolescents—Seeking Solutions", was developed in 1981 by Thomas C. Barrett and tested in the Cherry Creek school system in Colorado. This highly successful program is replicable in any school system or in an individual school. Some components of the program include crisis intervention training, teacher in-service training, parent training, student curriculum, and new student strategies. Media focus also helps to increase community awareness of the issue. The Colorado Commission on Children and Their Families is launching a project to train speakers who will discuss adolescent suicide with community interest organizations such as parent groups, church groups, and civic organizations. We also plan to use existing training materials to teach professionals who interface with children to recognize students at risk of self-destructive behavior and to provide primary intervention.

The Colorado Commission on Children and Their Families urges the House Select Committee on Children, Youth, and Families to focus on youth suicide as a serious problem which is preventable. With a concerted national effort, we can bring this self-destructive behavior "out of the closet" and help families and communities to address this problem constructively.

MONTANANS FOR CHILDREN, YOUTH, AND FAMILIES, INC.,
December 12, 1983.

Re current conditions and notable trends in the Western mountain region.

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES,
House of Representatives,
House Office Building Annex 2, Washington, D.C.

DEAR COMMITTEE MEMBER: Our data indicates that the children in Montana are most concerned about war and drug abuse. This data is supported by comments from parents and teachers.

On the other hand, there is an emerging concern amongst adults regarding the long-range effects of sexual abuse on children.

My own professional experience suggests continued economic strains on the family. An increase in the number of women feeling that they must go to work has been observed. More and more children are being left to fend for themselves after school and more children than ever before are receiving their socialization training from baby-sitters who are looking after several children in order to supplement their families' income.

Discomfort and fear of the future in both an economic and military sense seem to be pervasive feelings. The present insecurities would appear to be a profound stress on families. The changes we are experiencing have most of us anxious and unsure about the future.

Sincerely,

PETER BRUNO, M. Ed.,
Past President, Montanans for Children,
Youth, and Families.

STATE OF MONTANA,
DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES,
Helena, Mont., December 23, 1983.

Hon. GEORGE MILLER,
Chairman, House Select Committee on Children, Youth, and Families, House Office Building, Washington, D.C.

DEAR SIR: I am writing you to express some concerns I have over health care of mothers and babies in Montana. If I understand the thrust of your committee, the Improved Pregnancy Outcome Project of Montana addresses all the areas of your emphasis and is predicated on the premise that healthy mothers and babies are the cornerstone of healthy families.

You cannot have healthy children and youth and families without healthy mothers and babies. I feel that all women who are pregnant and all unborn babies have a right to health care. Senator Dale Bumpers hit the nail on the head when he said, "Maternal and child health care must be considered part of the basic foundation for the welfare and strength of the nation."

The Improved Pregnancy Outcome Project has been active in Montana for the past four years in three major areas of perinatal concerns; (1) the provision of high risk maternal testing and high risk maternal and infant transport; (2) data collection and analysis of perinatal statistics; and (3) provision of perinatal education both for health care professionals and the general public. During those four years IPO has seen an increase in the numbers of maternal transports; a decrease in the infant mortality rate; and increased awareness and responsiveness to the concept and structure of regionalization of perinatal care; an increase in the number of requests for perinatal health care education and an increased awareness of some of Montana's major perinatal health care problems, such as fetal alcohol syndrome. Unfortunately, we also have seen decreased funding and the inevitable end of IPO in October of 1984.

Montana is a rural state, the fourth largest state in the nation, exceeding the combined land area of the New England states—New York, New Jersey, Maryland and Delaware. The length of the state is approximately 550 miles from east to west and the breadth is approximately 375 miles from north to south. It is startling to realize that if Montana were placed on the map of the United States, Libby, Montana would be on Chicago, and Ekalaka, Montana would be on Long Island, New York.

Montana ranks 46th in the United States for population which was listed at 801,000 people in 1982 (4.7 percent of which are Native Americans). The population density is less than five persons per square mile compared to a U.S. density average of 55 persons per square mile. Montana has 14,500 live births per year. One-fifth of Montana's 56 counties deliver fewer than ten babies per year and one-half of the counties deliver 50 or fewer babies per year. Forty-four of the 56 counties in Montana send mothers out of their home counties to deliver. In 1982, a total of 2,100 mothers delivered in counties other than those listed as their county of residence; 302 left the state to deliver elsewhere. This means that one-seventh of Montana's mothers could not deliver in their home towns for whatever reason. The Improved Pregnancy Outcome Project was involved in 153 maternal transports during fiscal year 1983 as well as 249 infant transports. IPO paid the total transport bills for 46 mothers and 144 babies in fiscal year 1982.

In addition to the impact of the sparseness of population on delivery patterns, health care professionals cannot remain current on perinatal medical developments without help from the outside. Lack of current and appropriate knowledge and skills have a profound effect on the quality of care delivered to mothers and infants. One obvious answer to this dilemma is to bring the education to the physicians and nurses in Montana. IPO has been involved in delivering perinatal education to health care professionals for the past four years. Our major educational effort this year is to implement the University of Virginia's Perinatal Outreach Program (see attached).

Montana's statistics having to do with alcohol abuse are staggering and have a direct impact on perinatal health in the state. Alcohol consumption is part of the Montana ethic, strengthening the image of the "rugged and tough cowboy". The isolation of Montanans, compounded by the long harsh winters intensifies the belief that alcohol consumption is a major acceptable means of socialization. According to a report from the National Institute on Alcohol Abuse and Alcoholism, The National Status Report, March, 1982, Montana ranked 12th in the nation in per capita consumption of alcohol (fifth in consumption of beer). In the same report NIAAA ranked Montana 11th in the nation in reported deaths due to selected alcohol related causes. The Montana Alcohol and Drug Abuse Division in the Department of Institutions states in its current State Plan that over 101,000 Montanans suffer from alcohol use or abuse.

Montana's Native Americans suffer an even greater impact from alcohol use. NIAAA estimates that ten percent of the general population are alcoholics or alcohol abusers. A report prepared by the Montana United Indian Association estimates that 70 percent of the Indian population is in need of alcohol abuse treatment. One small northern county in Montana, with a population of 10,628 (50 percent Indian), ranks eighth in the nation in indices of alcohol related problems and 14th in the nation in deaths associated with alcohol.

The Montana Improved Pregnancy Outcome Project has not addressed and does not intend to address the major issue of alcohol abuse in Montana. Instead it has focused its efforts in addressing one of its most devastating side effects, that of fetal alcohol syndrome (FAS). Leading pediatricians, geneticists and dysmorphologists in the United States rank FAS as one of the leading causes of birth defects and mental retardation in the county today. It is estimated that FAS will occur in one to two births per 1,000 live births and fetal alcohol effects (FAE) will occur 20 times as frequently.

A noted geneticist in Montana estimates that FAE or FAS occurs in Montana Indians once in every four births. The implications of that statistic are staggering. The tragedy is that fetal alcohol syndrome and fetal alcohol effects are completely preventable.

IPO has been directing its FAS efforts in two major directions. The first has been the provision of information to the people of Montana in order for them to make responsible decisions regarding alcohol use during pregnancy. The second has been to provide information and tools to Montana health care professionals in order to encourage early identification of the abusing pregnant or prepregnant woman; to facilitate early intervention in the continued abuse of alcohol during pregnancy; and to prevent the recurrent abuse during subsequent pregnancies.

IPO plans to broaden its efforts at increasing fetal alcohol syndrome awareness and prevention by directing information to four specific target populations during 1984: Those are; (1) health care professionals, (2) the general public, (3) students at the junior and senior high school levels, and (4) Montana's Native American population.

All of IPO's efforts are directed at providing care and advocacy for the unborn, the infants and the mothers that bear them. If states such as mine cannot afford to continue to provide such care and support, the Federal Government must. The cost effectiveness and cost benefits of providing such care (for example, transport and intensive care for sick newborns) has been well established in "The Implications of Cost-Effectiveness Analysis of Medical Technology" (August, 1980) and "The Implications of Cost-Effectiveness Analysis of Medical Technology—Background Paper No. 2: Case Studies of Medical Technologies" (August, 1981).

In the course of your committee's activities, I would ask that you consider and recommend the categorical grant for the Improved Pregnancy Outcome projects be continued and maintained. Without such help from the Federal Government, states such as Montana cannot provide the level of care necessary to assure healthy children, youth and families.

Sincerely,

Donald E. Espelin, M.D.,
Medical Director.

Family Teaching Center,
Helena, Mont., December 9, 1983.

Select Committee on Children, Youth, and Families,
House of Representatives,
House Office Building Annex 2, Washington, D.C.

Dear Representatives: There are two things Congress can do immediately to help children and families:

1. Reverse the arms race and
2. Improve relations with the Soviet Union.

These actions will probably prevent a nuclear war, the likelihood of which increases if we don't do the above, and will free up lots of money to meet unmet human needs.

Sincerely,

J. Bailey Molineux, Ph. D.

Department of Human Resources,
Welfare Division—Support Enforcement,
Carson City, Nev., November 29, 1983.

To: House Select Committee on Children, Youth and Family.
From: William F. Furlong, Chief, Nevada Child Support Enforcement Program.
Subject: Testimony relative H.R. 4325/"Child Support Enforcement Amendments of 1983."

I want to express my appreciation to Congresswoman Barbara F. Vucanovich and her Staff and to the House Select Committee on Children, Youth and Family, for inviting me to share my thoughts and concerns on child support enforcement matters.

The non-support problem has a long history of children living under necessitous conditions, escalating public assistance costs, and the flaunting of the justice system by otherwise law abiding citizens. The results of inattention and non-support of children are all too familiar to custodial parents, educators, and social service and law enforcement agencies.

Children are paying these costs in unmet attention to medical treatment, remedial care, and emotional development. Oftentimes, it has been paid for with the absence of food, housing and other basic necessities.

The taxpayers have also been victimized by delinquent absent parents who have an ability to support their children. These absent parents have abandoned their families and forced over 11.5 million individuals onto the Aid for Dependent Children Program. This does not count the number in other public subsidy programs.

Historically, we placed the responsibility for enforcement of non-support matters on our local prosecutors who were already overburdened with criminal and civil duties. These officials were responsible for cases within their jurisdiction, but there was no agency to administer, study and coordinate activities between states and other jurisdictions. The cases they worked were difficult time consuming activities that required prosecution under the most adverse conditions.

The management requirements alone are burdensome in that cases are dynamic and constantly going through changes created by local activity, needs changes, custodial transfers, and delinquent accounts. The cases remain active over long periods of time which create other management problems relating to inactivations, records retention and closures.

The work requirements were generally in excess of any resources available at the local level of government, and the development of any system required a national interest because of the mobility of the principals and the interstate nature of cases.

Congress rightfully intervened into this crisis in 1975, when it enacted Public Law 93–647, which established the Title IV-D Program. This Act, and the implementing regulations required a statewide program with adequate staffing to represent both AFDC and non-AFDC families. It also recognized the importance of working interstate cases, and required every state to cooperate with others in the enforcement of non-support actions.

The Nevada Legislature authorized the establishment of the Title IV-D Program in my state, conditioned its cost-effectiveness. This requires the Program to attain sufficient collections to offset the state's share of direct expenditures to the Program. We have achieved this goal since the 1977 FY.

The Nevada Child Support Enforcement Program includes the cooperative and coordinated effort of our District Courts, District Attorneys, and the Child Support Enforcement Program which is a Program within the Nevada Welfare Division, and the Nevada Department of Human Resources. We have received enthusiastic support from the Executive, Legislature and Judicial branches of government because of the system's performance.

The degree of our effectiveness is best demonstrated by the achievements made during the past seven years:

1. Development of a statewide management system to evaluate and improve on system effectiveness and efficiency (see EXHIBIT #1 for management reports).
2. Legislature enactment of every major legislative proposal made since 1977, including a new Parentage Act and more effective enforcement measures.
3. Increased Nevada AFDC collections by 34% between the 1977 FY and the 1983 FY; and, increased the total collections actually made in Nevada by 78% between the 1980 FY and the 1983 FY (see EXHIBIT #2 for collections reports).
4. Increased paternity determinations from 12 during the 1978 FY, to 525 during the 1983 FY.
5. Complied with Congressioinal intent of providing services to non-AFDC clients by collecting $4,501,044 in such payments, or $1.80 in non-AFDC collections for every $1.00 in AFDC collections.
6. Complied with Congressional intent of cooperating with other states by collecting $3,996,372 for other states which equals $1.89 collected for other states for every $1.00 collected for Nevada.

We are proud of the progress made by Nevada units of government, but we are intent in improving on our production and cost-effectiveness. We believe this is possible, through: (1) Proper functioning of the Program's Automated System; (2) Increased utilization of the Court's Master System; (3) Increased utilization of the Wage Assignment process; and (4) Greater cooperation between states in interstate actions.

The goals of the Title IV-D Program are too important to the children and our society for us to fail in this quest. I believe the collection potentials are available and the system is improving its ability to reach these potentials. I also believe some of the provisions of the "Child Support Enforcement Amendments of 1983" will assist us in improving enforcement systems if we apply them uniformly and with reasonableness.

We must remember non-support is a national problem which involves a large percentage of our citizens. It is a highly emotional issue to both sides of the problem, and we cannot allow the emotional issues to guide the development of an enforcement system. The system will have the best foundation if based on actions taken in the best interests of children. Statutes must be enacted that are effective and efficient while at the same time, protective of the individual rights of both parents. Such statutes are capable of receiving the support of our citizens and make them easier to enforce. I have attempted to be guided by this philosophy in my considerations of the various provisions of the "Child Support Enforcement Amendments of 1983".

Attachments.

98th Congress, 1st Session / HR 4325

Page 2, PURPOSE:

To amend part D of Title IV of the Social Security Act to assure, through mandatory income withholding, incentive payments to States, and other improvements in the Child Support Enforcement Program, that all children in the United States who are in need of assistance in securing financial support from their parents, will receive such assistance regardless of their circumstances, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SHORT TITLE: TABLE OF CONTENTS

SECTION 1. This Act may be cited as the "Child Support Enforcement Amendments of 1983".

Effect: To promote the efficiency and effectiveness of the state's non-support systems through explanary processes and improved program administration, and to emphasize the importance of collections in behalf of non-AFDC families.

State Comments: We concur with the goals of the Bill.

SECTION 2. Section 451 of the Social Security Act is amended by striking out "and obtaining child and spousal support," and inserting in lieu thereof "obtaining child and spousal support, and assuring that assistance in obtaining support will be available under this part to all children (whether or not eligible for aid under part A) for whom such assistance is requested,".

Effect: Emphasizes requirement of providing Title IV-D services to children who are not AFDC eligible.

State Comments: We concur with provision of this Section.

IMPROVED CHILD SUPPORT ENFORCEMENT THROUGH REQUIRED STATE LAWS AND PROCEDURES

SECTION 3(a) Page 3. Section 454 of the Social Security Act is amended—
(SEC 454)

(1) by striking out "and" at the end of paragraph (18);

(2) by striking out the period at the end of paragraph (19) and inserting in lieu thereof "; and"; and

(3) by adding after paragraph (19) the following new paragraph:

"(20) provide that (subject to section 466(d)) the State (A) will have in effect all of the laws required by section 466, and (B) will implement the procedures (designed to improve child support enforcement effectiveness) which are embodied or prescribed in such laws.".

SECTION 3(a) Page 3. (Cont'd)

Effect: Requires states to have in effect by October 1, 1985, a number of laws or procedures which have been found to be effective in the establishment and enforcement of child support obligations.

State Comments: We concur in this provision because it should implement more uniform enforcement procedures nationally.

SECTION 3(b), Page 4. (SEC 466(a)) (b) Part D of title IV of such Act is further amended by adding at the end thereof the following new section:

"REQUIREMENT OF STATUTORILY PRESCRIBED PROCEDURES TO IMPROVE EFFECTIVENESS OF CHILD SUPPORT ENFORCEMENT

"SEC. 466. (a) In order to be in compliance with the provisions of section 454(20)(A) at any time, each State must have enacted (and have in effect at that time) laws establishing, embodying, or requiring the use of the following procedures, consistent with regulations of the Secretary, to increase the effectiveness of the program it administers under this part:

Effect: Requires the State Plan include the following statutorily prescribed procedures to improve effectiveness of Child Support Enforcement.

State Comment: We concur.

SECTION 3(b), Page 4: (SEC 466(a)(1)) Procedures (more particularly set forth in subsection (b)) for the withholding from income of amounts payable as support.

Effect: Requires procedures be implemented for the withholding from income of absent parents as detailed in subsection (b).

State Comments: We concur in the need for implementing a withholding statute and procedure. See subsection (b) for a more detailed analysis.

SECTION 3(b)(2), Page 4: (SEC 466(a)(2)) "(2) Procedures assuring (in accordance with regulations of the Secretary) that the state will make all reasonable efforts to expedite and otherwise improve the establishment of, compliance with, and enforcement of child support obligations and any related obligations arising under or in connection with the support orders involved.

Effect: This provision requires the states to make efforts to minimize the adversarial nature of non-support actions, and to streamline the investigative, prosecutive, and judicial functions so that more timely, uniform, and effective enforcement results.

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SECTION 3(b)(2), Page 4: (Cont'd)

State Comments: We concur with the goals of this provision, but point out that resource limitations restrict counseling type activities. We concur in the value of quasi-judicial and administrative systems, but support such processes only upon the approval of the state's courts. We are supportive of Family Type Courts, and/or mediation techniques if resources are available to implement such projects.

SECTION 3(b)(3), Page 4: Procedures under which, at the request of the state
(SEC 466(a)- child support enforcement agency, for the purpose of enforcing
(3)) a support order of that or any other jurisdiction--

Effect: Requires the states to implement procedures whereby state income tax returns are accessible to enforce a support order of the home jurisdiction, or any other jurisdiction.

State Comments: We concur that such resources should be accessible to satisfy any support debt so long as due process procedures are followed.

SECTION 3(b)(3)(A), Page 5: "(A) any refund of state income tax which would otherwise be payable to an individual will be reduced, after notice to that individual of the proposed reduction and the procedures to be followed to contest it (and after full compliance with all procedural due process requirements of the state), by the amount of any past-due support (as defined in section 464(c)) owed by such individual, in every case where the support obligation involved has been assigned to the state pursuant to section 402(a)(26), and in any other case at the option of the state; and

Effect: Provides for accessibility of state income tax returns for past due support after notice and due process requirements are met.

State Comments: We concur.

SECTION 3(b)(3)(B), Page 5: "(B) the amount by which such refund is reduced will be retained by the state for distribution in accordance with section 457(b)(3), and notice of the individual's home address will be furnished to the state agency administering the plan approved under this part.

Effect: Requires the various states to retain that portion of the state income tax intercepted, and to distribute same in accordance with section 457(b)(3), and to provide the appropriate state agency with the home address of the delinquent absent parent.

State Comments: We concur.

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SECTION 3(b)(3)(B), Page 5: The Secretary may prescribe regulations specifying the minimum amount of a refund, and the minimum amount of past-due support, to which the procedures required by this paragraph may apply.

Effect: Authorizes the Secretary to specify the minimum amount of a refund and the minimum amount of past-due support to which the procedures may apply.

State Comments: We concur so long as the state is provided opportunity to present their analysis of the cost-effectiveness of the process.

SECTION 3(b)(4), Page 6: (SEC 466-(a)(4)) Procedures under which liens are imposed against real and personal property for amounts of past-due support (as so defined) owed by an absent parent who resides or owns property in the state.

Effect: Requires procedures be established under which liens are imposed against real and personal property for past due support.

State Comments: We concur in the need to establish a lien process, but believe the decision as to whether to apply such a sanction must be made at the local level, and guided by the best interests of the child.

SECTION 3(b)(5), Page 6: (SEC 466-(a)(5)) "(5) Procedures ~~(under applicable state paternity laws)~~ which permit the establishmentof an individual's paternity for any child at any time prior to such child's eighteenth birthday.

Effect: Allows the establishment of an individual's paternity for any child up to the age of eighteen.

State Comments: Technically, it should be for a period of time after the child attains majority as the statute of limitations should be tolled during the child's minority: "Procedures which permit the establishment of an individual's paternity of any child at any time prior to no less than two years after the child attains the age of majority."

SECTION 3(b)(6), Page 6: (SEC 466-(a)(6)) Procedures which require in appropriate cases that an individual give security, post a bond, or give some other guarantee to secure payment of past-due support (as so defined) if such individual is an absent parent who has a demonstrated pattern of ~~past due~~ overdue support payments, after notice to such individual of the proposed requirement and the procedures to be followed to contest it (and after full compliance with all procedural due process requirements of the state).

Effect: Requires the states to implement a security process to guarantee payment of past due support, which must include notice and due process requirements.

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SECTION 3(b)(6), Page 6: (Cont'd)

State Comments: We concur in the need for enacting such statutory authority, and developing procedures for applying same. We believe the local unit of government enforcing such action should make the determination as to when it is applied.

SECTION 3(b)(7), Page 6: (SEC 466(a)(7)) Procedures by which information regarding the amount of past-due support (as so defined) owed by an absent parent residing in the state will be made available to any consumer credit bureau organization (as defined in section 416 of Public Law 96-374) upon the request of such organization; except that (A) if the amount of the past-due support involved in any case is less than $1,000, information regarding such amount shall be made available only at the option of the state, (B) any information with respect to an absent parent shall be made available under such procedures only after such parent has been notified of the proposed action and given a reasonable opportunity to contest the accuracy of such information (and after full compliance with all procedural due process requirements of the state), and (C), a fee for furnishing such information, in an amount not exceeding the actual cost thereof, may be imposed on the requesting organization by the state.

Effect: Requires the various states to release information to any consumer credit bureau agency regarding the amount of past-due support owed by an absent parent residing in the state. Such releases cannot be made until notice is given the absent parent, and they are afforded the opportunity to contest the accuracy of such information. All due process requirements must be met. The provision also authorizes the application of a fee for all such requests.

State Comments: We concur so long as proper identification, reconciliation of amounts due, and due process requirements are met.

SECTION 3(b), Page 7: (SEC 466-(a)(8) Procedures under which child support payments under this part will be made through the state agency or other entity which administers the state's income withholding system (described in paragraph (1) and subsection (b)) in any case where either the absent parent or the custodial parent requests it, even though no arrearages in child support payments are involved and no income withholding procedures have been instituted; but in any such case an annual fee for handling and processing such payments, in an amount not exceeding the actual costs incurred by the state in connection therewith or $25, whichever is less, shall be imposed on the requesting parent by the state.".

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SECTION 3(b), Page 7: (Cont'd)

Effect: Requires the states to process collections in any Title IV-D case whenever requested to do so by the absent parent or the custodial parent, and authorizes charging an annual fee not in excess of $25.

State Comments: We concur so long as the request is not contrary to the existing court order, and the responsibility can be delegated to the local Title IV-D Office, which is either the District Attorney or Clerk of the Court in the State of Nevada.

SECTION 3(b), Page 8: "(b) Under the procedures referred to in subsection (a)
(SEC 466-(b)) (1) (relating to the withholding from income of amounts payable as support)—

Effect: This paragraph amends Section 466(b) Page 8, of the Social Security Act, and details the provisions required in subsection (a)(1) of this Bill.

State Comments: None.

SECTION 3(b), Page 8: "(1) in the case of each absent parent against whom a
(SEC 466-(b)(1)) support order is or has been issued or modified in the State, so much of his or her wages must be withheld, in accordance with the succeeding provisions of this subsection, as is necessary to comply with the order and to provide for the payment of any fee to the employer which may be required under paragraph (6)(A) (except that the amounts withheld shall not exceed the amounts permitted under section 303(b) of the Consumer Credit Protection Act (15 U.S.C. 1673(b)), and the ~~portion thereof which represents arrearages~~ *amounts to be withheld to satisfy arrearages* may be appropriately limited by the state law);

Effect: Requires each state to implement procedures whereby wages can be withheld from absent parents against whom a support order is or has been, issued or modified in the state.

State Comments: We concur with the effectiveness of automatic wage withholding, but this language raises concerns over whether the state is expected to apply the automatic wage withholding process in cases that do not have orders authorizing such action. We can respond to new or modified orders authorizing the process, but the court must have included such authorization in its last order.

SECTION 3(b), Page 8: such withholding must be initiated without the necessity
(SEC 466-(b)(2)) of any application therefor in the case of a child (whether or not eligible for aid under part A) with respect to whom services are already being provided under this part, and will be initiated upon

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SECTION 3(b), Page 8: (Cont'd)

the filing of an application for services under this part with the state agency in the case of any other child in whose behalf a support order has been issued or modified in the state; and in either case such withholding must occur without the need for any amendment to the support order involved or for any further action by the court or other entity which issued it;

Effect: This paragraph requires withholding to be initiated without the necessity of any application with respect to a child to whom services are already being provided under this part. Does this mean we must apply the withholding process in cases where the existing order does not provide for an automatic assignment?

This interpretation is strengthened by the language requiring the state to initiate the withholding process whenever a person makes application for such services, and requires the state proceed without the need for any amendment to the existing support order, or any further action by the court.

State Comments: This section requires a state to withhold one's income without a court order to that effect. This section in fact requires that the income withheld must be without further action by the court who issued the support order. The section imposes the burden on the state agency to do a wage assignment without the benefit of a court order to back up the agency.

It is suggested the section is amended to provide substantially as follows:

"(2) Such withholding must be ordered by the court in any case in which there is a support order in any state pursuant to which an absent parent becomes delinquent an equivalent of two monthly payments in any twelve month period in those cases which the support order was issued before the effective date of this section. Pursuant to support orders issued after the effective date of this section, such withholding must be initiated without the need for any amendment to the support order involved or for any further action by the court or other entity which issued it;"

On or after the effective date of this Act, all child support orders will include mandatory wage assignments upon failure to pay per the last paragraph of 466(b).

SECTION 3(b), Page 9: (SEC 466-(b)(3)) such withholding must be carried out in full compliance with all procedural due process requirements of the state and must begin as soon as is administratively feasible, in any event by the earliest of (A) the date on which such procedures become effective, the date on which such order becomes effective, the date on which the payments which the absent parent has failed to make under such order are at least equal to the support payable for one month, or (if the absent parent contests the withholding) the date specified

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SECTION 3(b), Page 9: (Cont'd)

in the notice given such parent under paragraph (5)(B), whichever of the four is latest, (B) the date as of which the absent parent requests that such withholding begin, or (C) such earlier date as the state may select;

Effect: Requires the procedure be applied after notice and due process requirements are met. Also mandates earliest possible application.

State Comments: We concur with all of the above requirements, but recommend application begin whenever an employer is identified. We would be wasting resources to carry out this process before we know if there is an employer on whom it would be served.

SECTION 3(b), Page 9: (SEC 466-(b)(4)) such withholding must be administered by a public agency designated by the state, and the amounts withheld must be expeditiously distributed by the state or such agency in accordance with section 457 under procedures (specified by the state) which provide for the keeping of adequate records to document payments of support and permit the tracking and monitoring of such payments, except that the state may establish or permit the establishment of alternative procedures for the collection and distribution of such amounts (under the administration of such public agency) otherwise than through such public agency so long as the entity making such collection and distribution is publicly accountable for its actions taken in carrying out such procedures, and so long as such procedures will assure prompt distribution, provide for the keeping of adequate records to document payments of support, and permit the tracking and monitoring of such payments;

Effect: Requires the administration of the withholding process be handled by the state, or its designated public agency, or an entity making such collection that is publicly accountable for its actions in carrying out prompt distribution, adequate records, and delinquency identification.

State Comments: We concur the responsible agency must be accountable, and meet the requirements for proper distribution, recording, and identification of delinquent accounts. We believe this is best carried out at the local level where cases are processed, collections recorded, and adjudication takes place.

SECTION 3(b), Page 10: (SEC 466-(b)(5)) the State (A) must provide advance notice to each individual to whom paragraph (1) applies regarding the proposed withholding and the procedures the individual should follow if he or she desires to contest such withholding on the grounds that withholding (including the amount to be withheld) is not proper in the case involved because of mistakes of fact, and (B) if the individual contests such

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SECTION 3(b), Page 10: (Cont'd)

withholding on the grounds specified in clause (A), shall determine whether such withholding will actually occur, and (if so) shall notify the individual of the date on which such withholding is to begin, within no more than 30 days after the provision of such advance notice;

Effect: Requires the state, to provide advance notice to each individual being considered for withholding, and have procedures for assuring due process. This must include an appeal process for a hearing, and the results of such hearing must be provided to the obligor within 30 days of his/her advance notice.

State Comments: The requirement of notice should allow for the state, or its designated representative to provide notice. The most efficient method of providing notice in our system is for the local unit to provide same.

The state agency does not have the authority to determine if the withholding process should be applied if a case is appealed because of a mistake of facts. This should be the function of the court. The right of a fair hearing or trial is basic to a citizen's rights and we should protect the court's powers in relationship to guaranteeing this right.

The court should be given a [illegible] of 30 days to hear a valid appeal, and at least [illegible]0 days to render its decision.

SECTION 3(b), Page 11: (SEC 466-(b)(6)) "(6)(A)(i) the employer of any individual to whom paragraph (1) applies, upon being given notice as described in clause (ii), must be required to withhold from such individual's wages the amount specified by such notice (which shall include a fee, established by the state in accordance with criteria prescribed by the Secretary, to be paid to the employer unless waived by him or her) and pay such amount (after deducting and retaining any portion thereof which represents the fee so established) to the appropriate state agency (or other entity authorized to collect the amounts withheld under the alternative procedures described in paragraph (4)) for distribution in accordance with section 457; and

"(II) the notice given to the employer must be a separate and distinct document, containing no matter other than the amounts to be withheld from the employee's wages, the date on which the withholding is to begin, the amount to be retained by the employer as a fee for effectuating the withholding, and such other information as may be necessary for the employer to comply with the withholding order;

"(B) methods must be established by the state to simplify the withholding process for employers to the greatest extent possible, including permitting any employer to combine all withheld amounts into a single payment to the appropriate state agency (with the

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SECTION 3(b), Page 11: (Cont'd)

portion thereof which is attributable to each individual employee being separately designated);

"(C) the employer must be held liable to the state for any amount which such employer fails to withhold from wages due an employee when such amount is required under this subsection to be so withheld (up to the amount of the arrearage) following receipt by such employer of proper notice under subparagraph (A); and

"(D) provision must be made for the imposition of a fine against any employer who discharges from employment, refuses to employ, or takes disciplinary action against any individual subject to wage withholding because of the existence of such withholding and the obligations or additional obligations which it imposes upon the employer;

Effect: This requires the employer be given notice, and thereafter, he/she be required to withhold the specified amount contained in the order, and advised of the fee the employer can deduct for providing such services. The order must advise the employer of whom to direct such withholding.

The notice to the employer must be a separate and distinct document that includes only the amounts to be deducted, the date the withholding is to begin, the amount of any employer fee, and other information necessary for the employer to comply with the order.

This section also requires the state to utilize simplified methods for employers to use in complying with withholding orders. The state statute must hold the employer responsible for carrying out the terms of the withholding order, and provide a fine against any employer who discharges an employee because of a withholding order.

State Comments: We concur with the provisions of this section.

SECTION 3(b), Page 12: provision must be made under state law for the priority
(SEC 466-(b)(7)) of support collection under this subsection over any legal process under state law against the same wages;

Effect: Child support obligations would take priority over other legal processes under state law against the same wages.

State Comment: We concur with this provision.

SECTION 3(b), Page 12: "(8) the state may take such actions as may be necessary
(SEC 466-(b)(8)) to extend its system of wage withholding under this subsection so that such system will include withholding from forms of income other than wages, or will include the imposition of bonding or other requirements in cases involving individuals whose income is from sources other than wages, in order to assure that child support owed

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SECTION 3(b), Page 12: (Cont'd)

by individuals in the state will be collected without regard to the types of such individuals' income or the nature of their income-producing activities;

Effect: Allows states to extend its sytem of wage withholdings to include income other than wages.

State Comments: We concur with the provisions of this section.

SECTION 3(b), Page 13: the state must make such arrangements and enter into such agreements with other states as may be necessary--

(SEC 466-(b)(9))

"(A) to extend its withholding system under this subsection so that such system will include withholding from income derived within such state in cases where the applicable support orders were issued in other states, and

"(B) to encourage the extension of the withholding systems of other states under this subsection so that such systems will include withholding from income derived in those states in cases where the applicable support orders were issued in such state,

in order to assure insofar as is possible that child support owed by individuals in such state or any other state will be collected without regard to the residence of the child for whom the support is payable or of such child's custodial parent; and

Effect: The intent of these provisions are unclear.

State Comments: We are supportive of provisions requiring wage withholding to be applied in out-of-state cases, but the above provision appears to go a step further in that it anticipates the responding state can enforce another state's order without benefit of a URESA hearing, or Registration of Foreign Support Order. Such a process would circumvent the courts in the responding state, and would unquestionably alienate the courts who would have to enforce any legal remedy to bring about compliance. The process would also fail to identify changes in circumstances of the parties since the order was issued in the court of original jurisdiction. I recommend this provision be reviewed by legal counsel before enactment.

SECTION 3(b), Page 14: provision must be made for terminating withholding.

(SEC 466-(b)(10))

Effect: Requires provision for terminating withholding orders.

State Comments: We concur.

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SECTION 3(b), Page 14: In order to assure that income withholding as a means of collecting child support is available without the necessity of filing application for services under this part, the laws referred to in subsection (a) must require in the case of any state that all child support orders which are issued or modifiied in such state on or after the effective date of this section shall include provision for withholding from income whenever arrearages occur.

Effect: This requires the states enact provisions requiring all new and/or modified support orders issued after the effective date of this Act include the automatic and mandatory withholding provisions.

State Comments: This requirement is going to be quite controversial to courts, members of the legal profession, and parents in that it applies Title IV-D statutes and regulations to divorce and separation matters that may occur before there is a Title IV-D interest. The requirement can also lead to a more adversarial process in divorce actions. I concur with the effectiveness of such a remedy, but I question whether our society is ready for such strong measures by government before a need is identified.

SECTION 3(c), Page 14: As used in this section, the term 'wages' means any
(SEC 466) and all cash renumeration for employment, determined without regard to any exclusions from or limitations on such term (or the term 'employment') which may be applicable under other provisions of this Act or under other federal, state or local laws.

Effect: Defines the term "wages" as applied to the amendment of Section 466 of the Social Security Act.

State Comments: None.

SECTION 3 (d), Page 14: If a state demonstrates to the satisfaction of the
(SEC 466) Secretary, through the presentation to the Secretary of such data pertaining to caseloads, processing times, administrative costs, ~~average support collections, and any other actual or estimated data which~~ *and average support collections, and such other actual data or estimates as* the Secretary may specify, that the enactment of any law or the use of any procedure or procedures required by or pursuant to this section will not increase the effectiveness and efficiency of the state child support enforcement program, the Secretary may exempt the state for a specified period of time, subject to the Secretary's continuing review and to termination of the exemption should circumstances change, from the requirement to enact the law or use the procedure or procedures involved.".

Effect: Grants authority to the Secretary to exempt a state for a specified period of time from the requirement they enact the law or use the procedures involved in Section 466.

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SECTION 3 (d), Page 14: (Cont'd)

State Comment: We concur in such provisions.

SECTION 3(c), Page 15: (c) The amendments made by this section shall become
(SEC 466) effective October 1, 1985.

Effect: Establishes effective date of Amendments adding Section 466.

State Comment: The above date coordinates well with the next session of the Nevada Legislature, which would have to consider required legislative amendments.

90-PERCENT MATCHING FOR AUTOMATED MANAGEMENT SYSTEMS USED IN INCOME WITHHOLDING AND OTHER REQUIRED PROCEDURES

SECTION 4(a), Page 15: Section 454(16) of the Social Security Act is amended
(SEC 454-
(16)) by striking out "and (D)" and inserting in lieu thereof the following: "(D) to facilitate the development and improvement of the income withholding and other procedures required under section 466(a) through the monitoring of child support payments, the maintenance of accurate records regarding the payment of child support, and the provision of prompt notification to appropriate officials with respect to any arrearages in child support payments which may occur, and (E)".

Effect: Establishes requirements for 90% matching of Automated Management Systems used in income withholding.

State Comments: We concur in requirements.

SECTION 4(b), Page 15: Section 455(a)(3) of such Act is amended—
(SEC 455-
(a)(3)) (1) by inserting after "automatic data processing and information retrieval system" the following: "(including the hardware components thereof)"; and

(2) by inserting before the semicolon at the end thereof the following: ", or meets such requirements without regard to clause (D) thereof".

Effect: Allows for the procurement of hardware to develop an automated system for the management of an income withholding system. It also allows 90% FFP in the planning, design, development, installation or enhancement of an automated system even though the system is not designed for use in an income withholding system.

State Comments: We concur in the provisions.

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SECTION 4(c), Page 16: (c) The amendments made by this section shall apply with
(SEC 454/ respect to quarters beginning after the date of the enactment of this
455) Act.

Effect: Establishes effective date of amendments to Sections 454 and 455 of the Social Security Act.

State Comments: None.

CONTINUATION OF SUPPORT ENFORCEMENT FOR AFDC RECIPIENTS WHOSE BENEFITS ARE BEING TERMINATED

SECTION 5(a), Page 16: Section 457(c) of the Social Security Act is amended--
(SEC 457-
(c))

(1) by striking out "may" in the matter preceding paragraph (1) and inserting in lieu thereof "shall"; and

(2) by striking out "the net amount of" in paragraph (2), and by striking out "to the family" and all that follows in such paragraph and inserting in lieu thereof "to the family (without requiring any formal reapplication and without the imposition of any application fee) on the same basis as in the case of other individuals who are not receiving assistance under part A of this title,".

Effect: Requires the state to continue providing child support services to former AFDC families.

State Comments: This requirement can lead to problems when the terminated recipient does not want further legal representation, or when the individual simply moves without notifying the IV-A or IV-D Programs. We provide notice to the past recipient of their rights to continued Title IV-D services, but they are required to request such services. No application fee is charged. Our legal counsel has expressed concerns relative our right to represent the past client once they go off aid unless they authorize our further representation. It has been pointed out we may have conflicting interests relative recovery of past assistance versus increases to current support.

SECTION 5(b), Page 16: (b) The amendments made by subsection (a) shall become
(SEC 457- effective October 1, 1985.
(c))

Effect: Establishes effective date of amendments to Section 457.

State Comments: None.

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FINANCIAL INCENTIVES FOR BALANCED AND EFFICIENT STATE PROGRAMS

SECTION 6(a), Page 17: (SEC 458-(a)) Sec. 6. (a) Section 458 of the Social Security Act is amended to read as follows:

"INCENTIVE PAYMENTS TO STATES

"SEC. 458.(a) In order to encourage and reward state child support programs which perform in a cost-effective and efficient manner to secure support for all children who have sought assistance in securing support, whether such children reside within the state or elsewhere and whether they are eligible or ineligible for aid to families with dependent children under a state plan approved under part A of this title (and regardless of the economic circumstances of their parents), the Secretary (subject to section 6(b) of the Child Support Enforcement Amendments of 1983) shall pay to each state for each fiscal year, on a quarterly basis (as described in subsection (d)) beginning with the quarter commencing October 1, 1985, an incentive payment equal to—

"(1) 4 per centum of the total amount of support collected during the fiscal year in cases (filed with the state agency under this part) in which the support obligation involved is assigned to the state pursuant to section 402(a)(26) (with such total amount for any fiscal year being hereafter referred to in this section as the state's 'AFDC collections' for that year), plus

"(2) 4 per centum of the total amount of support collected during the fiscal year in all other cases filed with the state agency under this part (with such total amount for any fiscal year being hereafter referred to in this section as the state's 'non-AFDC collections' for that year);

except that (A) if subsection (b) applies with respect to a state's AFDC collections or non-AFDC collections for any fiscal year, the percent specified in paragraph (1) or (2) (with respect to such collections) shall be increased to the higher percent determined under such subsection (with respect to such collections) in determining the state's incentive payment under this subsection for that year, and (B) the dollar amount of the portion of the state's incentive payment for any fiscal year which is determined on the basis of its non-AFDC collections under paragraph (2) (with or without the application of subsection (b)) shall in no case exceed ~~the dollar amount~~ *125 percent of the dollar amount* of the portion of such payment which is determined on the basis of its AFDC collections under paragraph (1) (with or without the application of such subsection).

Effect: Establishes a new incentive formula effective October 1, 1985, whereby the Secretary must pay to each state an incentive payment equal to at least 4% of the state's total amount of AFDC support collected, plus at least 4% of the state's total amount of support collected in "all other cases" filed with the state agency under this part. The formula also provides a cap on incentives paid for

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SECTION 6(a), Page 17: (Cont'd)

Effect: (Cont'd)

non-AFDC collections, which is defined as all other cases outside the state's AFDC collections. The cap is established at 125% of the state's AFDC incentive payments.

State Comments: The interpretation of the above section is unclear. We believe interstate AFDC collections made by the State of Nevada for other states should be included in determining the amount of AFDC collections made by Nevada. This is critical to the Nevada Program because of the collections made during the 1983 FY, a pattern similar to the past years of our experience:

TYPE COLLECTION	AMOUNT	PERCENTAGE OF TOTAL COLLECTIONS BY NEVADA
Nevada AFDC	1,307,604	18.7%
Nevada Non-AFDC	1,687,413	24.1%
Interstate AFDC	1,182,741	16.9%
Interstate Non-AFDC	2,813,631	40.2%
TOTALS	6,991,389	99.9%

The various states collected the following additional amounts for the State of Nevada:

TYPE COLLECTION	AMOUNT	PERCENTAGE OF TOTAL
Nevada AFDC	215,573	10.2%
Nevada Non-AFDC	1,892,419	89.7%
TOTAL	2,107,992	99.9%

Nevada's non-AFDC collections would therefore, be capped at either 125% of $1,523,177 or $2,705,918. Using both figures, we would estimate our incentives, at:

Nevada AFDC =	1,523,177	vs	Nevada AFDC =	2,705,918
	x 4%			x 4%
	60,927.08			108,236.72
	x 1.25			x 1.25
	76,158.85			135,295.90
TOTAL	137,085.93			243,532.62

The state and local units of government received approximately $270,139 in incentives during the 1983 FY. The Nevada Program will realize a decrease in incentives because it affords equal attention to non-AFDC and interstate cases.

In any event, the language in this section should be clarified so that it clearly defines the collections counted within a state's AFDC collections.

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SECTION 6(a), Page 18: (SEC 458-(b)) If the total amount of a state's AFDC collections or non-AFDC collections for any fiscal year bears a ratio to the total amount expended by the state in that year for the operation of its plan approved under section 454 (with the total amount so expended in any fiscal year being hereafter referred to in this section as the state's 'combined AFDC/non-AFDC administrative costs' for that year) which is equal to or greater than one, the percent specified in paragraph (1) or (2) of subsection (a) (with respect to such collections) shall be increased to—

"(1) 5 percentum, plus

"(2) one-half of 1 per centum for each full one-tenth by which such ratio exceeds one;

except that the percent so specified shall in no event be increased (for either AFDC collections or non-AFDC collections) to more than 10 per centum. For purposes of the preceding sentence, laboratory costs incurred in determining paternity in any fiscal year may at the option of the state be excluded from the state's combined AFDC/non-AFDC administrative costs for that year.

Effect: Establishes the formula for increased incentives based on the cost-effectiveness of the state's program upon comparison of total expenditures against their total AFDC collections, and then their total non-AFDC collections.

State Comments: We recommend the formula compare total expenditures against the total amounts of support collected.

SECTION 6(a), Page 19: (SEC 458-(c)) In computing incentive payments under this section, support which is collected by one state on behalf of children residing in another state shall be treated as having been collected in full by each such state.

Effect: All interstate collections will be credited to both the initiating and responding states.

State Comment: We concur with this provision, and recommend the collections be counted as AFDC or non-AFDC, depending on their type, and that such amounts be included in computing incentives.

SECTION 6(a), Page 19: (SEC 458-(d)) The amounts of the incentive payments to be made to the various states under this section for any fiscal year shall be estimated by the Secretary at or before the beginning of such year on the basis of the best information available; and the Secretary shall make such payments for such year, on a quarterly basis (with each quarterly payment being made no later than the beginning of the quarter involved), in the amounts so estimated, reduced or increased to the extent of any overpayments or underpayments which the Secretary determines were made under this section to the states involved for prior periods and with respect to which adjustment has not

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SECTION 6(a), Page 19: (Cont'd)

already been made under this subsection. Upon the making of any estimate by the Secretary under the preceding sentence, any appropriations available for payments under this section shall be deemed obligated.

Effect: Establishes authority and procedures for payment of incentives by the Secretary. Payments will be made based on an annual estimate by the Secretary, and shall be remitted quarterly.

State Comment: We concur with this provision.

SECTION 6(a), Page 20: (SEC 458-(e)) If one or more political subdivisions of a state ~~participates~~ *participate* in the costs of enforcement and collection of support in cases filed with the state agency of such state during any period, such subdivision or subdivisions shall be entitled to receive an appropriate share (as determined under regulations prescribed by the Secretary) of any incentive payments made to the state under this section with respect to that period, and the state's right to receive such incentive payments shall be conditional upon its execution of an agreement satisfactory to the Secretary to pay such share to such subdivision or subdivisions.".

Effect: Requires the states to pass on the appropriate share of incentives to participating local units, and authorizes the Secretary to prescribe a formula to determine appropriate shares.

State Comments: We concur in this provision.

SECTION 6(b), Page 20: The amendment made by subsection (a) shall become effective October 1, 1985; but if the total amount of the incentive payments to which any state is entitled under section 458 of the Social Security Act as amended by subsection (a) for the fiscal year 1986 is less than 80 per centum of the amount that would have been payable to such state for that fiscal year under section 458 of such Act ~~as in effect prior to such amendment (in connection with the administration of the state's child support enforcement plan approved under section 454 of such Act)~~ if such section as in effect prior to such amendment had remained in effect and its provisions had been applied to collections made by such state in that fiscal year, the Secretary of Health and Human Services shall make such additional payments to the state under section 458 of such Act (as amended by subsection (a)), for quarters in the fiscal year 1986, as may be necessary to assure that the total amount of such incentive payments for that fiscal year is no less than 80 per centum of the amount that would have been so payable under section 458 of such Act as in effect prior to such amendment.

Effect: Establishes effective date for amending incentive rate as October 1, 1985, but guarantees not less than 80% of incentives due under section 458 during the 1986 FY.

SECTION 6(b), Page 20: (Cont'd)

State Comment: We concur in this provision.

SPECIAL PROJECT GRANTS TO PROMOTE IMPROVEMENTS IN INTERSTATE ENFORCEMENT

SECTION 7, Page 21: Section 455 of the Social Security Act is amended by adding at the end thereof the following new subsection:

(SEC 455-(e)(1))

"(e)(1) In order to encourage and promote the development and use of more effective methods of enforcing support obligations under this part in cases where either the children on whose behalf the support is sought or their absent parents do not reside in the state where such cases are filed, the Secretary is authorized to make grants, in such amounts and on such terms and conditions as the Secretary determines to be appropriate, to states which propose to undertake new or innovative methods of support collection in such cases and which will use the proceeds of such grants to carry out special projects designed to demonstrate and test such methods.

Effect: Authorizes Special Project Grants to Promte Improvements in interstate enforcement.

State Comment: We strongly concur.

SECTION 7, Page 22: A grnat under this subsection shall be made only upon a finding by the Secretary that the project involved is likely to be of significant assistance in carrying out the purpose of this subsection; and with respect to such project the Secretary may waive any of the requirements of this part which would otherwise be applicable, to such extent and for such period as the Secretary determines is necessary or desirable in order to enable the state to carry out the project.

(SEC 455-((e)(2))

Effect: Requires the Secretary to evaluate grant proposals.

State Comment: We concur in this provision.

SECTION 7, Page 22: At the time of its application for a grant under this subsection the state shall submit to the Secretary a statement describing in reasonable detail the project for which the proceeds of the grant are to be used, and the state shall from time to time thereafter submit to the Secretary such reports with respect to the project as the Secretary may specify.

(SEC 455-(e)(3))

Effect: Provides procedures for grant application, and establishes reporting requirements.

State Comment: We concur in this provision.

SECTION 7, Page 22: Amounts expended by a state in carrying out a special project assisted under this section shall be considered, for purposes of section 458(b) (as amended by section ~~7(e)~~ *6(a)* of the Child Support Enforcement Amendments of 1983), to have been expended for the operation of the state's plan approved under section 454.

(SEC 455-(e)(4))

Effect: Amounts expended in carrying out such projects are included in the states' expenditures for the purpose of computing incentives.

State Comment: We concur with this provision.

SECTION 7, Page 23: There is authorized to be appropriated the sum of $15,000,000 for each fiscal year beginning with the fiscal year ~~1984~~ *1985*, to be used by the Secretary in making grants under this subsection.".

(SEC 455-(e)(5))

Effect: Appropriation for 1985 FY is $15,000,000.

State Comment: We concur in this provision.

PERIODIC REVIEW OF EFFECTIVENESS OF STATE PROGRAMS; MODIFICATION OF PENALTY

SECTION 8(a)(1), Page 23: Section 452(a)(4) of the Social Security Act is amended to read as follows:

(SEC 452-(a)(4))

"(4) conduct a review of such state's program pursuant to such plan, no less frequently than once every three years, in order to determine whether such program substantially complies with the requirements of this part and to evaluate its effectiveness in carrying out the purposes of this part;".

Effect: Revises the period for reviews of the various states from annual review to once every three years.

State Comment: We concur with this provision.

SECTION 8(a)(2), Page 23: Section 402(a)(27) of such Act is amended by striking out "operate a child support program in conformity with such plan" and inserting in lieu thereof "operate a child support program in substantial compliance with such plan".

(SEC 402-(A)(27))

Effect: Requires the states operate a program in compliance with such plan.

State Comment: We concur with this provision.

SECTION 8(b), Page 23: Section 403(h) In any case where a state's program operated under part D is found by the Secretary as a result of a review conducted under section 452(a)(4) not to meet the requirements of

(SEC 403-(h))

SECTION 8(b), Page 23: (Cont'd)

such part, and where corrective action within such period or periods as the Secretary may by regulation prescribe has not been adequate to place the program (after such period or periods) in substantial compliance with all such requirements, the amount otherwise payable to such state under this part for any quarter beginning after September 30, 1983, and after the close of the applicable period for corrective action, shall be reduced by—

"(1) not more than 2 per centum, or

"(2) not more than 3 per centum, if the finding is the second consecutive such finding made as a result of such a review, or

"(3) not more than 5 per centum, if the finding is the third or a subsequent consecutive such finding made as a result of such a review;

and such reduction shall continue until the first subsequent quarter throughout which the program is found to meet all such requirements.".

Effect: Revises schedule of sanctions that can be applied against states not operating their program in substantial compliance with state plans.

State Comments: We concur with this provision.

SECTION 8(c), Page 24: (c) The amendments made by this section shall become effective October 1, 1983.

Effect: Establishes effective date of amendments by this section.

State Comment: We concur with this provision.

EXTENSION OF SECTION 1115 DEMONSTRATION AUTHORITY TO CHILD SUPPORT ENFORCEMENT PROGRAM

SECTION 9(a), Page 24: SEC. 9. (a) ~~Effective upon the enactment of this Act, section~~ *Section* 1115(a) of the Social Security Act is amended—
(SEC 1115-(a))

(1) by striking out "part A" in the matter preceding paragraph (1) and inserting in lieu thereof "part A or D";

(2) by striking out "402," in paragraph (1) and inserting in lieu thereof "402, 454,"; and

(3) by striking out "403," in paragraph (2) and inserting in lieu thereof "403, 455,".

Effect: Extends eligibility to the Title IV-D Program for proposals on experimental, pilot, or demonstration projects under Section 1115 of the Social Security Act.

State Comment: We concur with the provision.

SECTION 9)b), Page 25: Section 1115 of such Act is further amended by adding
(SEC 1115- at the end thereof the following new subsection:
(c))

"(c) In the case of any experimental, pilot, or demonstration project undertaken under subsection (a) to assist in promoting the objectives of part D of title IV, the project—

"(1) must be designed to improve the financial well-being of children, and may not permit modifications in the child support program which would have the effect of disadvantaging children in need of support; and

"(2) must not result in increased cost to the Federal Government under the program of aid to families with dependent children.".

Effect: Establishes criteria that a demonstration proposal must meet.

State Comment: We concur in this provision.

CHILD SUPPORT ENFORCEMENT FOR CERTAIN CHILDREN IN FOSTER CARE

SECTION 10(a)(1), Page 25: Section 457 of the Social Security Act is amended by
(SEC 457) adding at the end thereof the following new subsection:

"(d" Notwithstanding the preceding provisions of this section, amounts collected by a state as child support for months in any period on behalf of a child for whom a public agency is making foster care maintenance payments under part E—

"(1) shall be retained by the state to the extent necessary to reimburse it for the foster care maintenance payments made with respect to the child during such period (with appropriate reimbursement of the Federal Government to the extent of its participation in the financing);

"(2) shall be paid to the public agency responsible for supervising the placement of the child to the extent that the amounts collected exceed the foster care maintenance payments made with respect to the child during such period but not the amounts required by a court or administrative order to be paid on behalf of the child during such period; and the responsible agency may use the payments in the manner it determines will serve the best interests of the child, including setting such payments aside for the child's future needs or making all or a part thereof available to the person responsible for meeting the child's day-to-day needs; and

"(3) shall be retained by the state, if any portion of the amounts collected remains after making the payments required under paragraphs (1) and (2), to the extent that such portion is necessary to reimburse the state (with appropriate reimbursement to the Federal Government to the extent of its participation in the financing) for any past foster care maintenance payments (or payments of aid to families with dependent children) which were made with respect to the child (and with respect to which past collections have not previously been retained);

SECTION 10(a)(1), Page 25: (Cont'd)

and any balance shall be paid to the state agency responsible for supervising the child care placement, for use by such agency in accordance with paragraph (2).".

Effect: Authorizes the Title IV-D Program to process child support actions wherein a public agency is making foster care maintenance payments under Part E. The provision also establishes procedures for the distribution of any support collected.

State Comments: We concur in this provision.

SECTION 10(a)(2), Page 27: Section 457(b) of such Act is amended by inserting "(subject to subsection (d))" after "shall" in the matter preceding paragraph (1).

(SEC 457-(b))

Effect: Coordinates distribution procedure to recognize Part E collection/distribution procedures.

State Comment: We concur with this provision.

SECTION 10(b), Page 27: Part D of title IV of such Act is further amended--

(SEC 454-(4)(b))

(1) in section 454(4)(B), by inserting "including an assignment with respect to a child on whose behalf a state agency is making foster care maintenance payments under part E," immediately after "such assignment is effective,", and by inserting "or E" immediately after "part A"; and

(2) in section 456(a), by inserting "or secured on behalf of a child receiving foster care maintenance payments" immediately after "section 402(a)(26)".

Effect: Requires the state plan include a guarantee that each state will undertake to secure support for children being maintained under Part E. Amendment to Section 456(a) identifies assignments taken on behalf of a child receiving foster care maintenance constitute an obligation owed to the state.

State Comment: We concur with this provision.

SECTION 10(c), Page 28: (c)Section 471(a) of such Act is amended--

(SEC 471-(a))

(1) by striking out "and" at the end of paragraph (15);

(2) by striking out the period at the end of paragraph (16) and inserting in lieu thereof "; and"; and

(3) by adding at the end thereof the following new paragraph:

"(17) provides that, where appropriate, all steps will be taken, including cooperative efforts with the state agencies administering

SECTION 10(c), Page 28: (Cont'd)

the plans approved under parts A and D, to secure an assignment to the state of any rights to support on behalf of each child receiving foster care maintenance payments under this part.".

Effect: Requires the Foster Care Program to secure assignments.

State Comment: We concur in this provision.

SECTION 10(d), Page 28: The amendments made by this section shall become effective October 1, 1983, and shall apply to collections made on or after that date.

Effect: Establishes effective date of amendments as October 1, 1983.

State Comment: We concur in this provision.

ENFORCEMENT WITH RESPECT TO BOTH CHILD AND SPOUSAL SUPPORT

SECTION 11(a), Page 28: Section 454(4)(B) of the Social Security Act is amended by striking out "and, at the option of the state," and inserting in lieu thereof", and".
(SEC 454-(4)(B))

Effect: Requires states to attempt to collect spousal support, if an order exists, to offset the grants provided for the support of children by the AFDC Program.

State Comment: We concur.

SECTION 11(b), Page 29: The amendment made by subsection (a) shall become effective October 1, 1985.

Effect: Establishes effective date of October 1, 1985.

State Comment: We concur.

MODIFICATIONS IN CONTENT OF SECRETARY'S ANNUAL REPORT

SECTION 12(a), Page 33: *Section 452(a)(10)(C) of the Social Security Act is amended--*
(SEC 452-(a)(10)(C))

(1) by inserting "(i)" immediately after "(C)"; and

(2) by adding at the end thereof the following new clause:

"(ii) the payment status of all active child support cases in each state at the time the report is submitted (with a separate description

SECTION 12(a), Page 33: (Cont'd)

of those cases which are interstate in nature), as more particularly set forth in subsection (f);".

Effect: States would be required to provide the payment status of all active child support cases.

State Comments: We concur in the need for such information, but the administrative costs of complying with this requirement will be damaging to the Program and its collections. This is particularly true in states and counties that do not have automated systems to compile the data. We would have to compile data from 17,180 cases in our counties, and 11,356 cases at the state level to meet this reporting requirement. This would necessarily remove line staff from collection duties to accomplish compilation, analysis and reporting duties.

SECTION 12(b), Page 34: *Section 452 of such Act is further amended by adding at the end thereof the following new subsection:*
(SEC 452)

"(f)(1) The information with respect to active child support cases in each state which is required by subparagraph (C)(i) of subsection (a)(10) to be contained in any report submitted under such subsection shall specifically include the following, separately stated for each of the 12 categories of cases specified in paragraph (2):

"(A)(i) The total number of such child support cases (filed with the state agency of such state under this part) in which the full amount of the support obligation has been paid for all months in the particular fiscal year to which the report relates, with the amounts of the support obligations involved in those cases;

"(ii) the total number of such cases in which at least 80 percent but less than the full amount of the support obligation has been so paid, with the amounts of the support obligations established and support collections made in those cases;

"(iii) the total number of such cases in which at least $66\frac{2}{3}$ percent but less than 80 percent of the support obligation has been so paid, with the amounts of the support obligations established and support collections made in those cases;

"(iv) the total number of such cases in which at least $33\frac{1}{3}$ percent but less than $66\frac{2}{3}$ percent of the support obligation has been so paid, with the amounts of the support obligations established and support collections made in those cases;

"(v) the total number of such cases in which some but less than $33\frac{1}{3}$ percent of the support obligation has been so paid, with the amounts of the support obligations established and support collections made in those cases; and

"(vi) the total number of such cases in which no part of the support obligation has been paid, with the amounts of the obligations involved in those cases; and

"(B) the number of such child support cases (filed with the state agency of such state under this part) in each of the six subclasses

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SECTION 12(b), Page 34: (Cont'd)

described in clauses (i) through (vi) of subparagraph (A) within each of such categories, which were filed in such state on behalf of children residing in another state or against parents residing in another state in the particular fiscal year to which the report relates, specifying (for each such subclass)--

"(i) the total number of such cases which were initiated in the state of filing, with the amounts of the support obligations established and support collections made in those cases,

"(ii) the number of such cases which were initiated in another state (identifying each such state by name) and in which the state of filing was requested to take action to establish paternity, obtain support obligations, or collect support,

"(iii) the number of the cases described in clause (ii) in which action was taken in response to the request, and

"(iv) the actions (described in clause (ii) which were so taken.

Such information shall also include any other matter which the Secretary may deem necessary for an effective assessment of the current status of interstate child support collections.

"(2) The categories of child support cases (filed with the state agency of a state under this part) with respect to which information is to be provided in the report, under subparagraphs (A) and (B) of paragraph (1), shall include--

"(A) four categories of cases in which the support rights involved are assigned to the state under section 402(a)(26) and in which the child is currently receiving aid to families with dependent children, as follows:

"(i) all such cases in which a support obligation has been established,

"(ii) all such cases in which a new or increased support obligation was so established during the particular fiscal year to which the report relates,

"(iii) those cases described in clause (i) in which support was collected under this part during such fiscal year, and

"(iv) those cases described in clause (ii) in which support was collected under this part during such fiscal year;

"(B) four categories of cases in which the support rights involved are assigned to the state under section 402(a)(26) but in which the child is not currently receiving aid to families with dependent children, as follows:

"(i) all such cases in which a support obligation has been established,

"(ii) in all such cases in which a new or increased support obligation was so established during the particular fiscal year to which the report relates,

"(iii) those cases described in clause (i) in which support was collected under this part during such fiscal year, and

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SECTION 12(b), Page 34: (Cont'd)

"(iv) those cases described in clause (ii) in which support was collected under this part during such fiscal year; and

"(C) four categories of cases to which neither suparagraph (A) nor subparagraph (B) applies, as follows:

"(i) all such cases in which a support obligation has been established,

"(ii) all such cases in which a new or increased support obligation was so established during the particular fiscal year to which the report relates,

"(iii) those cases described in clause (i) in which support was collected under this part during such fiscal year, and

"(iv) those cases described in clause (ii) in which support was collected under this part during such fiscal year.".

Effect: The above reporting requirements mandate the identification of cases by percentage of payments made, amounts of support obligations within the percentages, and amounts collected within each range. The report must be broken out by intrastate cases and interstate cases, and the interstate cases must be categorized as initiating and responding, and by which state the various referrals were handled. The report also requires an analysis of support obligations established, and amounts collected within three categories of cases—current AFDC - Past AFDC — and others.

State Comment: Nevada could not meet such a reporting requirement with its present resources without removing staff from collecting. We recommend this reporting requirement be handled on a special study basis once every five years until the various states can fully implement their automated systems.

SECTION 12(c), Page 38: *(c) The amendments made by this section shall apply with respect to reports (under section 452(a)(10) of the Social Security Act) for fiscal years beginning on or after October 1, 1986.*
(SEC 452-(a)(10)

Effect: Establishes effective date of October 1, 1986.

State Comments: Refer to above comments on problems meeting such requirements.

REQUIREMENT THAT AVAILABILITY OF CHILD SUPPORT ENFORCEMENT SERVICES BE PUBLICIZED

SECTION 13(a), Page 39: Section 454 of the Social Security Act (as amended by sections 3(a) of this Act) is further amended—
(SEC 454)

(1) by striking out "and" at the end of paragraph (19);

(2) by striking out the period at the end of paragraph (20) and inserting in lieu thereof "; and"; and

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SECTION 13(a), Page 30: (Cont'd)

(3) by adding after paragraph (20) the following new paragraph:

"(21) provide that the state will regularly and frequently publicize, through public service announcements and other means, the availability of child support enforcement services under the plan and otherwise, including information as to any application fees which may be imposed for such services and a telephone number or postal address at which further information may be obtained.".

(b) The amendments made by subsection (a) shall become affective October 1, 1985.

Effect: Requires the states to publicize the availability of Title IV-D services.

State Comments: We do not concur with the above provision because the Title IV-D Program in Nevada, is already faced with caseloads in excess of its resources. Additionally, such a requirement increases the management workloads, which is already excessive in the less populated states. We experience difficulties right now in meeting our administrative assignments in a timely manner. The Office of Child Support Enforcement should carry out such responsibilities if such are required.

STATE COMMISSIONS ON CHILD SUPPORT

SECTION 14(a), Page 39: As a condition of the state's eligibility for federal payments under part A or D of title IV of the Social Security Act for quarters beginning more than 30 days after the date of the enactment of this Act and ending prior to October 1, 1985, the Governor of each state, within 30 days after such date, shall (subject to subsection (f) appoint a State Commission on Child Support).

Effect: Requires the establishment of a State Commission on Child Support.

State Comments: The Nevada Program currently communicates with key Legislators, the state's judicial association, the Nevada District Attorney's Association, and associations from custodial and non-custodial parent groups.

- We have opted to concentrate our resources at the line level that provide services to clients. The addition of more management responsibilities will necessitate an increase in management staff.

SECTION 14(b), Page 40: (b) Each State Commission appointed under subsection (a) shall be composed of members appropriately representing all aspects of the child support system, including custodial and non-custodial parents, the agency or organizational unit administering the state's plan under part D of such title IV, the state judiciary, the executive and legislative branches of the state government, child welfare and social services agencies, and others.

SECTION 14(b), Page 40: (Cont'd)

Effect: Establishes criteria for make-up of Commission.

State Comment: We concur with criteria.

SECTION 14(c), Page 40: (c) It shall be the function of each State Commission to examine, investigate, and study the operation of the state's child support system for the primary purpose of determining the extent to which such system has been successful in securing support and parental involvement both for children who are eligible for aid under a state plan approved under part A of title IV of such Act and for children who are not eligible for such aid, giving particular attention to such specific problems (among others) as visitation, the establishment of appropriate objective standards for support, the enforcement of interstate obligations, the availability of cost, and effectiveness of services both to children who are eligible for such aid and to children who are not, and the need for additional state or federal legislation to obtain support for all children.

Effect: Establishes purpose of Commission.

State Comment: We concur with purposes.

SECTION 14(d), Page 41: Each State Commission shall submit to the Governor of the state and make available to the public, no later than October 1, 1985, a full and complete report of its findings and recommendations resulting from the examination, investigation, and study under this section. The Governor shall transmit such report to the Secretary along with his comments thereon.

Effect: Requires report to the Governor by October 1, 1985.

State Comment: We concur with reporting requirements.

SECTION 14(e), Page 41: None of the costs incurred in the establishment and operation of a State Commission under this section, or incurred by such a Commission in carrying out its functions under subsections (c) and (d), shall be considered as expenditures qualifying for federal payments under part A or D of title IV of the Social Security Act or be otherwise payable or reimbursable by the United States or any agency thereof; *except that costs incurred by such a Commission or its members for transportation within the state, and such other costs incurred by the Commission or its members as may be specifically allowed by the Secretary in regulations, shall be considered for purposes of section 455(a)(1) of the Social Security Act to be expenditures for the operation of the state's plan approved under section 454 of such Act.*

SECTION 14(e), Page 41: (Cont'd)

Effect: Limits reimbursement for expenditures resulting from Commission activities to transportation, and other costs allowed by the Secretary.

State Comment: We recommend all travel and per diem expenditures be eligible for FFP.

SECTION 14(f), Page 41: If the Secretary determines, at the request of any state on the basis of information submitted by the state and such other information as may be available to the Secretary, that such state—

(1) has placed in effect and is implementing objective standards for the determination and enforcement of child support obligations.

(2) has established within the five years prior to the enactment of this Act a commission or council with substantially the same functions as the State Commissions provided for under this section, or

(3) is making satisfactory progress toward fully effective child support enforcement and will continue to do so,

then such state shall not be required to establish a State Commission under this section and the preceding provisions of this section shall not apply.

Effect: Authorizes Secretary to waive Commission requirement.

State Comment: We concur with this provision.

WISCONSIN CHILD SUPPORT INITIATIVE

SECTION 15(a), Page 42: If the State of Wisconsin requests the Secretary of Health and Human Services to waive any requirement or requirements of part A or D of title IV of the Social Security Act which would otherwise be applicable, so as to permit modifications in such state's programs under parts A and D of such title IV for the purpose of enabling such state to make an adequate test of its Child Support Initiative, the Secretary shall approve such request upon a determination that—

(1) the purposes of the requested waivers are—

(A) to provide the state with flexibility in the methods and procedures to be used to assist single-parent households in obtaining adequate child support (including the provision of such assistance where no application has been made for services under part D of such title IV).

(B) to permit the state to limit the testing of such Initiative to specified areas of the state, or to test alternatives in different sub-state areas, notwithstanding sections 402(a)(1) and 454(1) of such Act,

SECTION 15(a), Page 42: (Cont'd)

(C) to permit the state to establish payment methods or procedures designed to reinforce parental responsibility for the child, and

(D) to permit the state to use federal payments made to it under section 403 of the Social Security Act to ensure that there is an adequate level of support in cases where the contribution of the absent parent, by itself, is inadequate (including cases where the family is ineligible for aid to families with dependent children, without requiring such family to reduce its income or assets to the prevailing level of eligibility for such aid); and (2) the modifications in and alternative procedures under parts A and D of such title IV which would be allowed pursuant to the requested waivers will improve the financial well-being of children in the state, and will not have the effect of disadvantaging children in need of support-,

and upon approval of such request the State of Wisconsin shall be entitled (with respect to such Initiative) to receive federal payments under parts A and D of title IV of the Social Security Act as though such Initiative, and the standards, requirements, and procedures thereunder, were in complete conformity with parts A and D of such title IV without the need for any waivers under this section; except that the modifications and alternative procedures which would be allowed pursuant to the requested waivers shall not result in total costs to the federal government in connection with the state's program under part A of such title IV during the period of the Initiative which are higher than the costs which would be incurred by the federal government during such period in connection with the state's program under part A of such title IV as that program was in effect immediately prior to the approval of the request.

(b) Amounts expended by the State of Wisconsin in carrying out its Child Support Initiative with waivers approved under subsection (a) shall be considered, for purposes of section 458(b) of the Social Security Act (as amended by section 6(a) of this Act), to have been expended for the operation of the state's plan approved under section 402.

Effect: Authorizes the Secretary to grant waivers to the state of Wisconsin under certain conditions to allow the test of their "Child Support Initiative".

State Comment: None.

INCLUSION OF MEDICAL SUPPORT IN CHILD SUPPORT ORDERS

SECTION 16, Page 45: *The Secretary of Health and Human Services shall issue regulations to require that state agencies administering the child support enforcement program under part D of title IV of the Social Security Act petition for the inclusion of medical support as part of any child support order whenever health care coverage is available to the absent parent at a reasonable cost. Such regulations*

SECTION 16, Page 45: (Cont'd)

shall also provide for improved information exchange between such state agencies and the state agencies administering the state medicaid programs under title XIX of such Act with respect to the availability of health insurance coverage.

Effect: Requires the Title IV-D Program to include in its petitions for support, a prayer for medical insurance if it can be obtained at a reasonable cost.

State Comment: We concur with the provision.

INCREASED AVAILABILITY OF FEDERAL PARENT LOCATOR SERVICE TO STATE AGENCIES

SECTION 17, Page 45: *Section 453 (f) of the Social Security Act is amended by*
(SEC 453-(f)) *striking out ", after determining that the absent parent cannot be located through the procedures under the control of such state agencies,".*

Effect: Allows the states to initiate a locate request to the Federal Parent Locate Service without first exhausting its locate efforts locally.

State Comment: We concur with this provision.

EXTENSION OF ELIGIBILITY UNDER TITLE XIX WHEN SUPPORT COLLECTION RESULTS IN TERMINATION OF AFDC ELIGIBILITY

SECTION 18, Page 46: *Section 406 of the Social Security Act is amended by add-*
(SEC 406) *ing at the end thereof the following new subsection:*

"(h) Each dependent child, and each relative with whom such a child is living (including the spouse of such relative as described in subsection (b), who becomes ineligible for aid to families with dependent children as a result (wholly or partly) of the collection or increased collection of child or spousal support under part D, and who has received such aid in at least three of the six months immediately preceding the month in which such ineligibility begins, shall be deemed to be a recipient of aid to families with dependent children for purposes of title XIX for an additional four calendar months beginning with the month in which such ineligibility begins.".

Effect: Extends eligibility under Title XIX when support collection results in termination of AFDC eligibility. Extension is for a four month period.

State Comments: We estimate this would cost the Nevada Title XIX Program approximately $42,000 a year. We cannot support this provision because of inadequate resources being available to their program.

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GENERAL EFFECTIVE DATE

SECTION 19, Page 46: Except where otherwise specifically provided, the provisions of this Act and the amendments made thereby shall become effective on the date of the enactment of this Act.

Effect: Establishes effective date of amendments except where otherwise provided.

State Comment: Concur in this provision.

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EXHIBIT #2.

NEVADA CHILD SUPPORT ENFORCEMENT PROGRAM

I. PROGRAM COLLECTIONS

Type of Collection	1981 FY	1982 FY	1983 FY
A. Nevada AFDC	859,341	1,161,217	1,523,177
B. Nevada Non-AFDC	3,132,032	3,162,982	3,579,832
Total Collections	3,991,373	4,324,199	5,103,009

II. IMPROVED STATISTICAL REPORTING PROGRAM COLLECTIONS

	1981 FY	1982 FY	1983 FY
Nevada AFDC:			
A. In and For	687,062	944,352	1,307,604
B. From Other States	172,279	216,865	215,573
C. Sub Totals	859,341	1,161,217	1,523,177
Nevada Non-AFDC:			
A. In and For	1,451,987	1,472,359	1,687,413
B. From Other States	1,680,045	1,690,623	1,892,419
C. Sub Totals	3,132,032	3,162,982	3,579,832
Grand Totals	3,991,373	4,324,199	5,103,009
Transferred to Other States:			
A. AFDC	906,319	1,049,710	1,182,741
B. Non-AFDC	1,814,121	2,231,219	2,813,631
Grand Total	2,720,440	3,280,929	3,996,372

III. INTERSTATE COLLECTIONS COMPARISON

A. ADC by Nevada For Other States	906,319	1,049,710	1,182,741
B. ADC by Other States for Nevada	172,279	216,865	215,573
Difference	734,040	832,845	967,168
A. Non-AFDC by NV for other Sts.	1,814,121	2,231,219	2,813,631
B. Non-AFDC by Other Sts for NV	1,680,045	1,690,623	1,892,419
Difference	134,076	540,596	921,212

IV. TOTAL COLLECTIONS PROCESSED BY NEVADA

COLLECTIONS MADE IN NEVADA:			
A. Nevada AFDC	687,062	944,352	1,307,604
B. Nevada Non-AFDC	1,451,987	1,472,359	1,687,413
C. Other State's AFDC	906,319	1,049,710	1,182,741
D. Other State's Non-AFDC	1,814,121	2,231,219	2,813,631
Sub Total	4,859,489	5,697,640	6,991,389
COLLECTIONS MADE IN OTHER STATES FOR NEVADA:			
A. AFDC For Nevada	172,279	216,865	215,573
B. Non-AFDC For Nevada	1,680,045	1,690,623	1,892,419
Sub Total	1,852,324	1,907,488	2,107,992
GRAND TOTAL OF COLLECTIONS PROCESSED IN NEVADA:			
A. Grand Total	6,711,813	7,605,128	9,099,381

EXHIBIT #2.

NEVADA CHILD SUPPORT ENFORCEMENT PROGRAM

I. PROGRAM COLLECTIONS

	Type of Collection	1977 FY	1978 FY	1979 FY	1980 FY	1981 FY
A.	Nevada AFDC	343,760	424,557	517,089	685,400	859,341
B.	Nevada Non-AFDC	1,575,334	2,039,654	3,350,784	2,390,479	3,132,032
	TOTAL COLLECTIONS:	1,919,094	2,464,211	3,867,873	3,075,879	3,991,373

II. IMPROVED STATISTICAL REPORTING PROGRAM COLLECTIONS

		1977 FY	1978 FY	1979 FY	1980 FY	1981 FY
	Nevada AFDC:					
A.	In and For				533,558	687,062
B.	From other States				151,842	172,279
C.	SUB TOTALS				685,400	859,341
	Nevada Non-AFDC:					
A.	In and For				1,081,376	1,451,987
B.	From other States				1,309,103	1,680,045
C.	SUB TOTALS				2,390,479	3,132,032
	GRAND TOTALS				3,075,879	3,991,373
	TRANSFERRED TO OTHER STATES:					
A.	ADC				692,040	906,319
B.	Non-AFDC				1,617,800	1,814,121
	GRAND TOTAL				2,309,840	2,720,440

III. INTERSTATE COLLECTIONS COMPARISON

A.	ADC by Nevada/Other States	692,040	906,319
B.	ADC by other States/for Nevada	151,842	172,279
	DIFFERENCE	540,198	734,040
A.	Non-AFDC by Nevada/Other States	1,617,800	1,814,121
B.	Non-AFDC by Other States/for Nevada	1,309,103	1,680,045
	DIFFERENCE	308,697	134,076

IV. TOTAL COLLECTIONS PROCESSED BY NEVADA

	COLLECTIONS MADE IN NEVADA:		
A.	Nevada AFDC	533,558	687,062
B.	Nevada Non-AFDC	1,081,376	1,451,987
C.	Interstate AFDC	692,040	906,319
D.	Interstate Non-AFDC	1,617,800	1,814,121
	SUB TOTAL	3,924,774	4,859,489
	COLLECTIONS MADE IN OTHER STATES/FOR NEVADA:		
A.	AFDC for Nevada	151,842	172,279
B.	Non-AFDC for Nevada	1,309,103	1,680,045
	SUB TOTAL	1,460,945	1,852,324
C.	GRAND TOTAL	5,385,719	6,711,813

AFDC COLLECTIONS BETWEEN STAT

EXHIBIT #2.

(Computed from Incentives Paid)

STATE	1981 Transmitted	1981 Received	1982 Transmitted	1982 Received	1983 Transmitted	1983 Received
Alabama	100	3,313	65	3,006	425	1,705
Alaska	2,340	990	5,510	1,000	3,660	1,528
Arizona	222	11,860	2,449	9,738	2,586	8,157
Arkansas	173	3,624	190	4,547	158	5,899
California	188,613	52,002	223,722	62,685	189,021	67,302
Colorado	11,765	2,648	10,235	3,047	5,116	3,096
Connecticut	3,644	30	3,110	889	1,200	1,469
Delaware	250	0	390	1,665	170	895
Dist of Columbia	0	0	0	300	0	100
Florida	1,657	5,272	5,189	3,337	5,414	2,370
Georgia	495	896	216	3,609	3,693	2,523
Guam	0	0	0	0	0	0
Hawaii	3,162	431	6,828	357	6,028	2,019
Idaho	5,358	2,060	4,951	[illegible]	7,355	4,279
Illinois	3,380	5,174	4,881	4,385	5,808	1,775
Indiana	3,870	2,489	4,480	5,585	2,091	4,617
Iowa	5,632	3,791	6,242	3,479	16,101	1,377
Kansas	2,922	520	3,979	1,242	7,101	764
Kentucky	3,311	1,190	1,040	1,557	1,500	50
Louisiana	9,732	9,424	20,500	6,843	19,636	10,267
Maine	2,835	436	3,741	0	3,862	0
Maryland	1,326	3,738	1,177	2,973	415	2,251
Massachusetts	2,785	1,819	8,825	2,628	12,319	3,519
Michigan	13,429	8,599	24,225	9,175	25,482	6,461
Minnesota	5,898	1,553	13,471	1,275	15,756	1,188
Mississippi	0	0	288	465	21	0
Missouri	175	1,765	5,305	3,308	3,040	2,048
Montana	1,545	1,121	2,012	977	762	632
Nebraska	2,334	1,651	2,966	1,269	1,931	1,290
Nevada	- -	- -	- -	- -	- -	- -
New Hampshire	0	480	690	634	230	456
New Jersey	10,095	1,798	18,406	2,601	16,691	2,826
New Mexico	2,335	1,386	7,478	1,508	7,522	4,928
New York	37,030	2,611	71,553	3,715	45,535	4,399
North Carolina	951	349	446	1,070	763	2,483
North Dakota	0	0	575	125	835	0
Ohio	1,833	5,956	3,448	8,502	5,216	6,346
Oklahoma	255	1,500	1,600	1,955	755	2,691
Oregon	38,356	[illegible]	43,189	7,565	34,152	9,907
Pennsylvania	6,105	3,541	11,344	5,203	11,482	8,381
Puerto Rico	0	0	0	1,031	0	0
Rhode Island	253	1,320	1,111	1,904	2,281	565
So. Carolina	515	0	930	100	795	1,511
So. Dakota	1,704	269	3,822	765	1,982	0
Tennessee	1,200	1,246	468	2,388	3,067	2,875
Texas	1,684	12,754	478	10,098	1,579	7,608
Utah	41,941	3,173	56,305	8,292	123,863	5,815
Vermont	0	0	710	0	575	0
Virginia	500	605	2,080	1,124	1,377	810
Virgin Is.	0	0	0	0	0	0
Washington	7,542	5,840	21,073	7,536	28,871	8,758
W. Virginia	0	0	0	400	0	0
Wisconsin	12,306	1,691	28,790	4,399	36,040	4,318
Wyoming	1,505	200	1,110	600	2,560	1,300
TOTALS	443,063	179,062	641,593	216,853	666,822	215,558
.	*906,319		*1,049,710		*1,182,741	
	48.8%		61.1%		56.3%	

*Nevada AFDC collections to other States as reported by the various Counties.

NEVADA TITLE IV-D CASELOADS
JANUARY 1, 1983

County	In-State Caseloads P/A	N/A	Subtotals	Out-of-State Caseloads P/A	N/A	Subtotals	Grand Totals
Carson City	286	304	590	307	141	448	1,038
Churchill Co.	119	83	202	24	21	45	247
Clark Co.	2,273	2,076	4,349	2,062	1,593	3,655	8,004
Douglas Co.	34	69	103	20	65	85	188
Elko Co.	182	91	273	73	197	270	543
Esmeralda Co.	*	*	*	*	*	*	*
Eureka Co.	1	1	2	4	4	8	10
Humboldt Co.	85	64	149	94	59	153	302
Lander Co.	20	37	57	22	13	35	92
Lincoln Co.	*	*	*	*	*	*	*
Lyon Co.	149	101	250	47	39	86	336
Mineral Co.	67	76	143	16	7	23	166
Nye Co.	64	28	92	76	64	140	232
Pershing Co	*	*	*	*	*	*	*
Storey Co.	*	*	*	*	*	*	*
Washoe Co.	1,745	1,659	3,404	1,562	1,066	2,628	6,032
White Pine Co.	93	51	144	40	36	76	116
Totals	5,118	4,640	9,758	4,347	3,305	7,652	17,410
% of Total	29%	[illegible]	[illegible]	25%	19%	[illegible]	[illegible]

[illegible]

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EXHIBIT #3.

NEVADA STATE PARENT LOCATE SERVICE

State Locate Requests

October 1, 1982 - September 30, 1983

State	To Nevada	From Nevada
Alabama	3	14
Alaska	5	21
Arizona	53	230
Arkansas	15	39
California	1,675	988
Colorado	48	85
Connecticut	6	7
Delaware	3	1
District of Columbia	0	1
Florida	38	93
Georgia	12	16
Guam	1	1
Hawaii	15	20
Idaho	67	61
Illinois	6	90
Indiana	47	36
Iowa	62	17
Kansas	16	36
Kentucky	16	16
Louisiana	49	64
Maine	17	7
Maryland	1	5
Massachusetts	22	18
Michigan	96	50
Minnesota	89	18
Mississippi	3	32
Missouri	34	40
Montana	14	24
Nebraska	5	12
Nevada	-	-
New Hampshire	0	6
New Jersey	7	33
New Mexico	25	77
New York	58	69
North Carolina	13	14
North Dakota	7	4
Ohio	15	64
Oklahoma	5	39
Oregon	253	175
Pennsylvania	49	31
Puerto Rico	2	5
Rhode Island	0	0
South Carolina	5	13
South Dakota	4	7
Tennessee	15	25
Texas	24	153
Utah	173	76
Vermont	0	2
Virginia	11	16
Virgin Islands	0	0
Washington	172	133
West Virginia	2	6
Wisconsin	37	25
Wyoming	21	45
Germany	1	0
TOTALS	3,467	3,010

3GS

Colorado's Sick And Uninsured:

We Can Do Better

Report of the
Colorado Task Force
On The Medically Indigent
January 1984

VOL. I

EXECUTIVE SUMMARY

The Colorado Task Force on the Medically Indigent was formed in January, 1983 to investigate the problems associated with financing health care for those who cannot afford it because of poverty, lack of health insurance, or inadequate insurance coverage. Sponsored by the Denver Fund for Health and Medical Research, we were asked to prepare policy recommendations for the General Assembly. This report presents our findings about the size, characteristics, and needs of the medically indigent population, the problems with current approaches to care for the poor, and recommended policy solutions.

This report provides the first detailed and comprehensive picture of the medically indigent in Colorado. We hope that it will guide legislators and other policy makers in providing needed care to the medically indigent in appropriate settings and in an efficient and cost effective manner.

Our research shows that many of Colorado's uninsured poor are unable to obtain needed care and that in the future the state's health care providers will be less able to care for them. Colorado lags behind a majority of others states in serving this population. To address these problems we recommend that the state establish a long-range plan to provide care to the medically indigent that includes goals and evaluation measures. The Task Force proposes a combination of public and private initiatives: a modest expansion of Medicaid, employment-based health insurance, a basic level of charity care by providers, and cost sharing by consumers. Additions to current state-funded programs should be phased in over the next five years as the budget picture improves.

Health care delivery and financing are in transition because of public concern over rapidly rising health care costs. Changes in public reimbursement under Medicare and Medicaid, for instance, will profoundly affect the ability of hospitals to shift the costs of charity care to other payers. Cost concerns may lead to rationing medical care, and the poor are most likely to lose access to needed care if health services are rationed. A deliberate and sensitive public policy must therefore be developed that balances the health care needs of the poor, limited public dollars, burdens on health care providers, and the value to society at large of a healthy, productive population. Such a policy must recognize that careful short-term investment can avert the need for greater expenditures in the long run. We expect this study to be a first step toward development of such a thoughtful public policy.

A. The Problem of the Medically Indigent in Colorado

The Task Force was convened because policy makers, government officials, and health care providers agreed that although Colorado spends about $35 million on a program of care to the "medically indigent," these funds are not part of a state plan. They represent a reaction to short-term problems rather than a methodical approach to meet needs with public and private resources. No one had ever determined who was the population at risk of medical indigency, what were their health care needs, or who was served by the existing program. We also addressed several criticisms of the state's MI Program: that its financing was not evenly distributed geographically, that it pays primarily for hospital-based care, that it does not maximize available federal funds, and that when the MI and Medicaid programs pay less than the full costs of care, costs are shifted to other patients and their payers.

We were concerned primarily about the access to health care for lower income groups because they have poorer health. Despite improvements due to publicly funded health care programs, both access to care and health status of the poor continue to lag behind those of higher income groups. Rates of infant mortality, chronic conditions, and disability days are much higher for the poor, while their life expectancy is shorter. Recent national studies also show that the poor have less access to needed care than higher income persons and that the gap is widening. The Task Force's own survey confirms the national data.

We recognized, however, that medical indigency can result not only from poverty (measured by income, assets, and family size), but also from lack of health insurance or from insurance insufficient to pay for needed care. Thus, even middle and upper income families facing high uninsured medical bills could become medically indigent. The medically indigent in Colorado are those who are unable to afford needed health care because of poverty, lack of insurance, or inadequate insurance coverage.

In order to report to the General Assembly in 1984, we established a research agenda to answer the basic questions of: 1) who are the medically indigent, 2) what health care do they need, 3) who currently provides care to them, and 4) how is that care financed. Research included an in-person survey of 1,000 low income households throughout the state, data on the users of the current MI program, a survey of physicians' free and discounted care, an examination of hospitals' charity care and financial stability, data on high cost illness, and a study of the adequacy of health insurance coverage in the state. Since lower income groups are at greatest risk of medical indigency, most research efforts were directed at learning about the health status, needs, and patterns of medical care use of persons at or below 150% of the federal poverty line ($14,800 for a family of four in 1983.)

B. Task Force Findings

Colorado's medically indigent pose two serious problems. First, the uninsured poor, especially those in bad health, do not have access to medical care equivalent to that of the insured poor of similar health status. Recent studies show that these disparities not only exist nationally but continue to widen. Furthermore, the ability of health care providers to render free or discounted care to the medically indigent is diminishing as public and private payors reduce reimbursement. As these trends converge, Colorado's medically indigent will face greater obstacles in obtaining needed care.

From our household survey, we found that about 20% of the state's population (629,000 persons) fell under 150% of the poverty line in 1983. Most had private insurance or were covered by a public program such as Medicaid or Medicare. But over ⅓ of this lower income group (238,000 persons) had neither public nor private insurance at the time of the survey.

This uninsured group of the poor is of special concern because it is least able to afford needed health care. Looking more closely at this group, the Task Force found that:

- About 280,000 were uninsured for part of the year, of which about 180,000 were uninsured for the entire year.
- Over 40% of the uninsured poor are 18 years or younger.
- Almost half of the poor who are employed have no insurance.
- The uninsured poor use fewer health services than the insured poor and have less access to physicians when they need them, even though the reported health status of the uninsured poor is similar to that of the poor with insurance.

We were interested in two other groups of potentially medically indigent: the poor with insurance inadequate to protect them from medical indigency and the non-poor with high cost illness. Although we had less time to study these populations, our report notes that insurance offered by major carriers in the state is generally broad. But we know that not all the insured have adequate insurance coverage. In 1981 we found that 31,000 Colorado families had medical bills exceeding 25% of their incomes. Although their number is small, these families could be severely hurt by such expenses, especially since catastrophic illnesses often last two or three years.

Several publicly funded programs support health care for the poor in fiscal year 1984. The state spends about: 1) $140 million in general funds for its Medicaid program, serving about 150,000 persons throughout the state (one-fourth of persons under 150% of the poverty level); and 2) $19.5 million for the Medically Indigent and Community Maternity Programs, serving 36,000 persons at Denver Health and Hospitals and 3,000 in non-Denver hospitals, and $17 million at the University of Colorado Health Sciences Center for education, research, and the care of 36,000 medically indigent persons. In 1982, county governments contributed about $37 million, including $27 million from Denver County for its health care programs.

In addition to such publicly funded programs, we found that many health care providers render charity care. For instance, in 1982 almost ¾ of Colorado's office-based physicians provided some free or discounted care. Such care plus bad debts was valued at from $16 to $30 million. And Colorado's 82 acute care hospitals provided about $49 million worth of charges as charity care in 1982. Charity care by hospitals varied widely with Denver General and University Hospital providing by far the greatest amount, measured as a percentage of their total gross patient revenues, while many other urban hospitals provided less than one percent. Because philanthropy finances very little hospital charity care in Colorado, hospitals that do serve the poor without incurring substantial bottom line losses either make up the difference through other non-patient revenues or shift the costs of this care to self-paying patients and insurers.

C. Task Force Recommendations

Our basic working principle was that public funds should be targeted to those most in need — the lower income groups without adequate health insurance. Thus, most of our recommendations focus on the uninsured poor. But we recognize that state resources to provide all needed care are limited. This burden should be shared with the private sector: employers, health care providers, and consumers. And state dollars should be spent in the most cost-effective manner.

After studying data and analyses provided by staff and hearing public testimony, we made the following recommendations for state action to be phased in over the next five years, the most rapid timetable we thought was feasible. If the steps cannot be completed during that time, they should be accomplished as soon thereafter as possible in the described order of priority.

1. Expand Federal Funding

We learned that a large proportion of the uninsured poor in the state are children and adolescents under 18 and women of childbearing age and that services targeted to these groups can be very cost effective. One Task Force objective was to maximize available federal funds under Medicaid, since this brings health care dollars into the state that flow where patients are located, a wider geographic distribution than current MI dollars. We therefore recommend that by July 1, 1984 the state:

Expand Medicaid to Include:

- *20,000 financially needy children under 18 in 2-parent families with incomes below current welfare levels. The total program would cost $7.8 million; the state share is $4.2 million.*
- *4,300 additional medically needy children and 1,050 pregnant women in 1- and 2-parent families with incomes slightly above these welfare levels. This program would cost $7.3 million; the state share is $3.9 million.*

2. Reorganize State-Funded Programs

Recognizing that the state could not presently afford to insure for all health care needed by the estimated additional 200,000 uninsured poor not eligible for Medicaid, we recommend requiring all hospitals to provide some basic level of charity care. We also recommend restructuring the delivery system by which uninsured poor receive health care. This approach would target children and pregnant women, who represent a significant portion of the uninsured poor and for whom early and preventive health care is particularly cost effective, to participate in a reorganized state MI program. The current "safety net" of contracts with hospitals and physicians to pay for a portion of charity care to remaining uninsured poor would be retained. Between July 1, 1984 and July 1, 1988 the state should:

Short-Term

- *Contract with physicians and hospitals to serve low income persons who present themselves for treatment as under the current MI system, but provide more outpatient care and develop more cost effective reimbursement systems, such as per case or per diagnosis payment.*
- *Finance the MI program with state general funds.*
- *Develop reasonable cost sharing for consumers and a floor of charity contribution by all hospitals in the state.*
- *Finance health care teaching, research, and education separately from medically indigent care.*

Long-Term

- *Gradually expand the current Community Maternity Program to cover higher risk pregnancies, prenatal care, and more poor, uninsured women for care under the supervision of a single primary care physician or other health provider. Covering 4,000 more women would cost $7.1 million in general fund dollars.*
- *Over the next few years, expand this delivery system of care by a primary care physician or other case manager to include up to 9,000 young children, and eventually up to 13,000 older children. Adding these groups would cost $1.9 and $2.9 million, respectively, in general fund dollars.*
- *In the longer term, coordinate all low income health care programs in the state to eliminate duplication and fragmentation and integrate programs into a system that can be more rationally used by consumers.*

- *Develop a program to enroll "high users" of medical care and the chronically ill into organized delivery systems such as primary care providers or HMO's to assist them to use care rationally and minimize costs.*

3. Revise Program Eligibility, Benefits, and Administration

In order to target public funds on those least able to afford health care, provide less costly care, and administer the state's programs for the medically indigent without the appearance of a conflict of interest, we recommend that by July 1, 1984 the state:

- *Define as eligible for an MI program all persons with certain limited personal property and with incomes under 150% of the poverty line (including persons whose incomes fall below that level after subtracting health insurance premiums and medical bills).*
- *Define as program services a list of basic health care services including physician and hospital care, prescription drugs, and clinic services, but excluding long-term nursing home care.*
- *Authorize the Department of Social Services to administer the program.*

4. Expand Employment-Based Insurance

We learned that almost one-half of the employed poor lack health insurance, although employment-based insurance is generally adequate to protect subscribers against medical indigency. We were also concerned about short-term unemployed persons (many of whom also lack insurance), because by owning any significant property they would generally be ineligible for the state's Medicaid or Medically Indigent Programs. We therefore recommend that between July 1985 and July 1986 the state:

- *Provide tax incentives for all employers to offer adequate health insurance and incentives for persons to purchase insurance.*
- *Develop a plan to pool employee taxes to purchase short-term health insurance for the unemployed.*

D. Costs of Recommendations

Colorado currently spends about $140 million to serve about 150,000 persons under Medicaid, $36.5 million to serve about 75,000 persons under the Medically Indigent and Community Maternity Programs (and on education and research at the University Hospital) and about $75 million to serve the mentally ill and developmentally disabled. In the next fiscal year, we recommend a modest expansion of Medicaid that would cost $8 million in state funds, bring an additional $7 million in federal funds, and serve 25,000 more children and pregnant women. Some of these state dollars could be saved from current state appropriations. Medicaid should be expanded because it will bring federal dollars into the state that follow patients rather than going to providers and because it will serve a population that requires low-cost care that is particularly effective in preventing later, expensive illness and disability. Medicaid expansion is so important we believe that if new state funds are not available, this expansion should be funded from out of state dollars currently spent on indigent care, but not to an extent that would jeopardize the fiscal stability of public institutions currently dependent on state funds to serve the poor.

EFFECTIVENESS OF EARLY SPECIAL EDUCATION FOR HANDICAPPED CHILDREN

Brian A. McNulty
David B. Smith
Elizabeth W. Soper

Report Commissioned by the
Colorado General Assembly

Colorado Department of Education
Calvin M. Frazier, Commissioner
Edwin E. Steinbrecher, Deputy Commissioner
Peter S. Fanning, Executive Director

34-495 562

EXECUTIVE SUMMARY

EFFECTIVENESS OF EARLY SPECIAL EDUCATION FOR HANDICAPPED CHILDREN

Are special education programs for preschool handicapped children a sound investment? A comprehensive review of research in this area indicates that preschool programs are effective and can provide long-term human and economic benefits.

NATIONAL RESEARCH ON EFFECTIVENESS

Recent research efforts have focused on the effectiveness of providing special education services to young handicapped infants and preschool children as well as to children "at risk" of developing a handicap. Lazar (1979) analyzed the findings of 15 longitudinal studies of low income and handicapped children who were placed in preschool programs and concluded that these programs had a significant long-term effect on school performance.

A longitudinal study reported by Schweinhart and Weikart on the Ypsilanti Perry Preschool (1981) also demonstrated the long-term benefits of preschool programs. The study followed 123 borderline retarded children for fifteen years beginning at age three. Children were randomly assigned to either an experimental group who attended preschool or to a control group who received no preschool program. The results showed that children who had attended preschool maintained a stronger commitment to school, showed higher scholastic achievement, required half as many special education services, and were retained less often in grade. According to this study the benefits of the program clearly outweighed the costs.

The positive impact of early intervention has been demonstrated repeatedly through research. Preschool programs have proven effective for children with a variety of handicapping conditions.

Bricker and Sheehan (1981) found substantial gains on multiple evaluation measures across diverse groups of children - normal, at risk, mildly, moderately, and severely handicapped. A nationally recognized longitudinal study conducted by Weiss (1981) reported significant improvement of language impaired children placed in preschool programs utilizing the INREAL method of language instruction. These children required substantially fewer special services in later school years. The effectiveness of early education has also been reported for children who have sensory impairments (Adelson and Fraiberg, 1975; Simmons-Martin, 1981), Down's Syndrome (Hayden and Haring, 1976; Dmitriev, Hayden and Haring, 1981), and behavior disorders (Strain, 1981). There is documentation of lasting improvement in the functioning of severely handicapped children (Bruhei and Dow, 1980, Rosen, Morris and Sitkei, 1981). In addition, disadvantaged children have been shown to require fewer special education and remedial services as a result of public school education experiences prior to kindergarten. (New York State Education Department, 1982).

Recent research has verified the efficacy of early education programs. Substantial gains have been documented across different types of handicapping conditions at all levels - mild, moderate, and severe impairments. It is no longer debatable that early intervention programs reap immediate and long-term gains for handicapped children (Karnes, et. al., 1981).

Cost Analysis of Early Education

Early intervention has also proven to be a sound economic investment. Kakalik, Furry, Thomas, and Carny (1981) recently compiled data on the cost of special education and related services for handicapped children. Results determined the cost of special education to be 2.17 times the cost of regular education. The total annual cost of special education and related services per handicapped child was estimated to be $4,698, compared to $2,636 per child in regular education. Special education is costly. However, early preschool programs can reduce the cummulative expense of special education.

Wood (1981) recently published an extensive review of the relative costs of special education based upon the age of entry into the program. The data analyses clearly indicated that delaying services results in an increasing number of children requiring more special services at higher costs.

Cost/benefit analyses have delineated several factors which indicate that preschool programs are cost effective. One economic benefit resulted from the reduction of children who require costly special services (Lazar, 1979; Schweinhart and Weikart, 1981, Weiss, 1981). The INREAL project in Colorado and the Perry Preschool Project determined that the reduction in the cost of subsequent required special education services alone completely covered the cost of the programs. Additional cost savings have also been documented. Braddock (1976) concluded that income taxes paid to the government by individuals in nonsevere disability categories exceeded the total cost of specialized educational programs. Savings from reduction in income maintenance, avoidance of institutionalization, and increased earnings of parents provide justification for early intervention for the severely handicapped.

National Trends Toward Preschool Special Education

Presently 23 states have mandated legislation for the provision of educational services to handicapped children under age five; four of these states begin service provision at birth (Nebraska, Iowa, Michigan, Maryland). In our Western region Nebraska, Oklahoma, Texas, and South Dakota have recently passed legislation and regulations mandating services to children under five. While Colorado has recognized a need for further services in this area, only a limited number of programs for young handicapped children exist.

COLORADO RESEARCH ON EFFECTIVENESS

National research findings indicate that early special education for handicapped children is effective and cost beneficial. But what about Colorado children? Is there any evidence that they, like the children studied in other states, have benefited from early special education efforts? An affirmative answer to that question has been provided by a research study done here in Colorado by Dr. Rita Weiss at the University of Colorado.

Colorado Research Design Study

Four Colorado school districts, Adams County District #50, Boulder Valley RE2, St. Vrain RE1J and Weld County participated in this program of scientific study to determine the effectiveness of preschool special education. A goal of the preschool special education program was to improve the language and related learning skills of three to five year-old handicapped children, thereby reducing their need for special education services in elementary grades.

[illegible] found that:

- children who had received the Preschool INREAL program scored significantly higher on language skill testing than children who received no preschool special education;
- significantly fewer children needed special education services after receiving the Preschool INREAL program than children who received no preschool special education;
- it cost the school district less to serve children who received the Preschool INREAL program than children who received no preschool special education. The district special education costs were reduced for handicapped preschool children who had received the Preschool INREAL program. Even after subtracting the cost of the Preschool INREAL program, the school districts, over three years, saved $1560.20 per handicapped pupil.

Colorado Local Longitudinal Data

An additional study of the effectiveness of preschool special education in Colorado examined the subsequent educational placements of 1,347 children who had attended a variety of preschool programs for handicapped children in 11 Colorado school districts.

The results indicate that almost one-third of the handicapped children who received special education services through preschools for handicapped children were able to begin public school in regular education with no special education services. The proportion was about the same regardless of the kind or severity of handicapping condition. And many (500 or 37.1%) were able to enter regular education with only support services from special education.

A survey of these students' current teachers revealed that approximately 40% of these youngsters were judged to be average or above average in reading, math, and language arts.

A telephone survey to school district administrators indicated that all administrators in districts with preschool special education programs were positive about these programs and considered them to be a very important part of the educational continuum. Administrators in districts without programs agreed that preschool special education benefited handicapped children and their families. The absence of such programs in these districts was generally attributed to funding.

CONCLUSIONS

- If some handicapped children are not helped at an early age, their handicaps may become compounded and produce the need for more intensive services.
- Early childhood programs positively influence development and this positive impact significantly effects later development and performance.
- Early special education can reduce the effects of a handicapping condition and result in higher scholastic achievement.
- Early childhood programs can reduce the need for lengthy and costly special education services at a later time.
- Early education is effective for all types and levels of handicapping conditions. Substantial gains have been documented for mild, moderate, and severely handicapped children.
- Early education reaps immediate and long-term gains for handicapped children, their families and society; delaying is costly to everyone.

CHILD WATCH

Looking Out for America's Children

Final Summary Prepared by
Public Issues/Advocacy
Junior League of Salt Lake City
June, 1983

Junior League of Salt Lake City
952 East 900 South
Salt Lake City, Utah 84105

INTRODUCTION

Child Watch is a national effort to document the impact of recent federal budget cuts and policy changes on children and their families. Developed by the Children's Defense Fund (CDF) in collaboration with the Association of Junior Leagues (AJL), the purpose of Child Watch is to acquire information about four basic areas—Aid to Families With Dependent Children (AFDC), Child Health, Child Welfare, and Child Care. To insure that all interviews followed the same format, CDF and AJL prepared a Child Watch Manual.

Child Watch projects were conducted in 79 sites and endorsed by 10 national organizations. In Utah, the Child Watch Project was conducted by the Junior League of Salt Lake City. Junior League volunteers brought the project a variety of backgrounds, interests, and political philosophies. The project was strictly a fact-finding endeavor. The volunteers interviewed over fifty advocates, providers, administrators and parents in Salt Lake County. Three rounds of interviews were conducted between the summer of 1982 and spring of 1983. Upon completion of each round of interviews, the completed question forms and brief summaries were sent to CDF and AJL.

This final summary is an attempt to bring statistics and percentages to life—to put flesh on the figures, thus the anecdotes and direct quotations included throughout.

The Salt Lake City Child Watch Project was made possible through the approval and support of the Junior League of Salt Lake City. We also appreciate the assistance and training provided by the Children's Defense Fund and the Association of Junior Leagues. Our sincere thanks to all those we interviewed. We appreciate the time, effort, and concern they gave to this project.

On Behalf of Children,

The Child Watch Team

UBIQUITOUS THEMES

An overview of the Salt Lake City Child Watch findings contains striking similarities within all areas surveyed.

Increased Demand for Basic Needs

The first theme which emerged was the increased demand for basics—food, clothing, shelter and utility assistance. Every emergency center, food bank and private provider reported a dramatic increase (sometimes over 100%) in requests for basics. Stories were told of homes without heat, children without shoes, families living in cars and tents and food banks depleted hours after being stocked.

It is imperative that the basis for an effective, humane and decent human service system is adequate income maintenance. A family, any family, be they poor, working poor, or middle class, cannot take full advantage of the range of services available if survival is the primary issue. As one provider stated,

> "You can't worry about becoming a computer operator if you don't know where your children's next meal will come from. You don't have the time to plan the future; you don't have the energy."

Helplessness, Frustration and Despair

A second theme which often surfaced was a loss of hope, frustration and/or despair. Parents, providers, advocates, and professionals in all areas addressed this issue. Caseworkers spoke often of increased case loads, unpaid overtime, and staff burnout. Phrases such as, "We are hanging on, but I don't know how much longer we can keep up this pace," were frequently mentioned. Parents, too, shared these feelings of fear, despair, and loss of hope.

Elimination of Preventive Services

Another frequently mentioned concern was the reduction in preventive services. Many advocates and providers in health care and child welfare spoke of their work as "crisis oriented."

> "We have very little time, money or manpower for follow-up...we put on the band-aids."

Lack of Services Accessible to the Working Poor

All four areas reported concern for the unavailability of services for the working poor. New eligibility criteria for various programs have eliminated many families. Concern was consistently voiced for the child who "falls through the cracks" of the existing system.

Lack of Commitment to Teenagers

Many interviewees were frustrated by the lack of commitment to teenagers by parents, the public and the agencies themselves. Advocates are concerned with proposed restrictions limiting AFDC coverage to children 16 years old and under. They are afraid this will only result in more teenagers dropping out of school to seek full time employment. Health care providers are concerned over the increase in teenage pregnancies and increasing suicide rates among adolescents. Many teenagers frequently miss school in order to take care of younger siblings while the parents work. Foster care groups report seeing a "a new kind of teenager" relinquished for foster care. These children are frequently good students from newly unemployed parents who simply cannot provide the basic needs for their children.

AID TO FAMILIES WITH DEPENDENT CHILDREN

". . .all the changes in AFDC have put people in a smaller and smaller box."

"A welfare mother with two pre-school children and an infant volunteered for the WIN program to receive nurses-aid training. Because of the "$30 and 1/3" four-month clause, she lost her courage to get out on her own, and gave up."

"A single mother with one child was on assistance and worked for almost four months, but had to quit her job because of the four-month clause. She can not make it without Medicaid and day-care. The sad part is that the job had room for growth but not enough time to make it work."

"Because working mothers are no longer eligible for on-going assistance, there are more people on welfare rolls. It wasn't the cash, but the lack of day-care and Medicaid."

"The center is seeing a lot more AFDC people because their basic needs are not being met. AFDC recipients used to be in the minority for the food bank, but now they are in the majority."

"Administrative burdens are enormous. Increased costs, staff time taken up in ridiculous minutae, paper work, piles of bulletins, retraining staff, . . . some of the changes are administrative nightmares."

AID TO FAMILIES WITH DEPENDENT CHILDREN

Aid to Families with Dependent Children (AFDC) is the only program which provides income support to children in poverty. Funding for this program comes from both federal and state governments. Two-thirds of the persons receiving AFDC payments in Utah are children. As of July, 1981, only single-parent households are eligible for AFDC in Utah. The vast majority of these cases are female-headed households with an average of two children. All AFDC recipients automatically qualify for Medicaid and, if working or in training, subsidized day-care. In Utah the average time a family received AFDC assistance was 22 months. In the 10 years between 1970 and 1980, the percentage of the state's population receiving assistance dropped from 4 percent to 2.3 percent. All those interviewed believed that the state had done an admirable job in reducing the welfare rolls by encouraging self-sufficiency.

Federal Legislation

The federal legislation which outlines the new restrictions and eligibility criteria for AFDC is the Omnibus Budget Reconciliation Act of 1981 (OBRA). The purpose of our interviews was to determine what impact, if any, these changes were having on the children of our community. Three specific changes due to the OBRA were frequently mentioned. Two involve eligibility criteria and the third concerns "incentive disregards."

1) Benefits for First-time Pregnant Women Were Restricted

Formerly a federal share of the AFDC benefits could be provided to a client as soon as pregnancy was medically confirmed. The OBRA limited this coverage to the last four months of pregnancy. Although a woman can receive medical assistance from the time the pregnancy is confirmed, many women are only aware that AFDC is not available and therefore assume that no assistance is available until the third trimester of pregnancy. A local doctor reports seeing pregnant women for their first prenatal checkup much later in their pregnancy as a result of this change. He believes that adequate prenatal care is one of the primary needs of the poor in this community.

2) Families are Ineligible for AFDC if Their Gross Income Exceeds 150 Percent of the State's Standard of Need

In Utah, this "150 percent" translates to approximately full-time employment at minimum wage. Previous to this change, a working woman whose income exceeded the 150 percent might be eligible for a small AFDC grant, and thereby retain her day-care and Medicaid. As one advocate states,

> "For it (150 percent) to work, the private sector must offer day-care and insurance. This is highly unlikely at the minimum-wage level where most of the AFDC women enter the job market."

One working mother who had been terminated from AFDC due to this change stated that if her employer had not offered insurance, she would have been forced to quit.

This eligibility restriction may mean long-range problems for these families and children.

> "It makes it tough for a parent, but they will usually make it. They will leave kids alone after school and ignore medical care to make ends meet. The first medical emergency takes these working mothers off the employment rolls."

With this change, the children of the "working poor" are further jeopardized.

3) The Work Incentive Disregard was Reduced

The most noted and consistently criticized change involves the "$30 and one-third work incentive disregard." Previous to the OBRA, working recipients could deduct $30 and one third of their income when calculating their grant. This provided a bonus for those parents who were working. More importantly, this allowed parents to receive a partial grant and thereby retain their subsidized day-care and Medicaid until their earnings were high enough to allow self-sufficiency. The OBRA changed how this disregarded amount is to be calculated and limited the time the disregarded amount is allowed to the first four months of employment. The four-month limitation was unanimously declared unrealistic.

The effect of the "$30 and one-third" in Utah has been immediate and drastic. Before the regulation went in to effect, 1,458 AFDC parents were working. By August, 1982, the number was down to 767. A significant percentage of the closed

"$30 and one-third" cases returned to the welfare rolls. Many other parents were discouraged from attempting to find work. One mother noted,

> You can't afford to work. If you really care about your kids you'll do anything to keep Medicaid. Four months isn't long enough for me to make enough money to be on my own."

The changes have, in reality, become work disincentives. Instead of getting people off welfare, The "$30 and one-third" has been responsible for discouraging parents from seeking employment. Many parents who were working have quit their jobs in order to retain Medicaid. Since fewer recipients are working and receiving partial grants, and more families are receiving full grants, Utah has had to pay more for AFDC than before the changes. A pastor in Salt Lake City summed it up,

> "The "$30 and one-third" is a dead-end street."

Everyone interviewed was frustrated by these new regulations. They were concerned with the increased stress, fear, hopelessness and bitterness of AFDC parents and the impact this may have on their children. The associate director of a private service agency reports an increase of families in crisis situations,

> "It's devastating . . . to wake up in the morning with hungry kids and have no idea how to get them breakfast. From these kinds of frustrations you can see where beating and abuse come from. Most of us think that if people have no education or skills, they don't feel like we feel. Wrong! They certainly feel the aggravation of day-in, day-out grief."

Advocates report that calls for assistance and referrals have more than doubled, with an alarming increase in "desperation—suicide type calls." The demand on public and private service agencies for food and clothing has more than doubled. The agencies attribute this increased demand to the changes in AFDC and the poor economy. Some agencies have had to tighten up their eligibility criteria because of limited resources and high demand. In addition to food and clothing, one agency reported an increase in requests for medical assistance from people with no money for doctors or prescriptions. The staffs of these agencies felt overworked and stretched to their limit. The new regulations have also placed new burdens on administrators, client advocates and case workers at the department of social services. Increased paperwork, staff retraining time, increased costs, increased case load, and an unrealistic error rate were frequently mentioned. The client advocate within the department considered a transfer due to "the stress of coping with this situation. So much need and so few solutions." In addition, Utah and several other states have been threatened with loss of federal funds unless all changes are implemented and error rates reduced.

State Action on AFDC

Elimination of AFDC-U

In 1981, Utah eliminated the state-optional AFDC-U program. This program provided income assistance for two-parent households. The effects of the state's cut back have been devastating, especially during the current recession. Parents in economic crisis are faced with an "impossible choice": stay together in poverty or separate in order to receive AFDC. For some, no choice exists. They are forced to separate to survive. Advocates and case workers are placed in the moral dilemma of explaining that they must split the family in order to receive public aid. Service agencies report that the increased demand for food and clothing is partially due to the elimination of this program. An attorney at legal services reports,

> "There have been great increases in creditor problems, foreclosures of homes, and landlord-tenant problems. There are more broken homes because of the discontinuance of AFDC-U and more fraudulent cases in AFDC because the mother and the father are not really separated."

It is important to realize that "welfare cheating" in Utah has been remarkably low, but many are concerned that "as things become tighter and harder, people will be forced to cheat." For parents who choose to remain together, there are few resources available. Entire families living in cars or tents can be documented in this state. Several of those interviewed told of families whose only source of income came from selling their blood. It is almost impossible to imagine the impact this kind of desperation and poverty must have on children of these parents.

Emergency Jobs Program

In the December, 1982, special legislative session, the Emergency Jobs Program was enacted to begin in January, 1983, and continue to June, 1983. The program was originally intended to serve 300 to 400 households. The response was surprising, even to the department of social services. By April, 1983, 800 households were involved. The demand was so high that eligibility was limited to families with children. The need for this program was clearly demonstrated, and it can only be hoped that a program of this sort will be continued. It was one of the few available resources for two-parent, unemployed households.

Day-care

In 1982, the Legislature responded to the OBRA changes by extending subsidized day-care for an additional four months after a working client is terminated from AFDC. A similar four-month extension of Medicaid benefits was defeated. The Legislature also established a sliding-fee scale for day-care. In 1983, they raised the sliding-fee scale. These efforts were aimed at restoring some of the work incentives eliminated by OBRA. Everyone believes Utah has done an admirable job in providing additional day-care assistance.

Working Pays

As of January, 1983, the department of social services has a program called Working Pays. AFDC grants are calculated in a new way to enable working parents to receive a partial grant and continue on Medicaid and day-care. This program extends eligibility for AFDC to many working parents who would have been terminated by the "$30 and one-third." The impact has been immediate and impressive. By April, 400 additional AFDC parents were working. This program further demonstrates the futility of the "$30 and one-third" and other changes which eliminate work incentives.

Grant Reductions

Effective July, 1983, the state will fund only 54 percent of the Standard of Need when calculating AFDC grants. Coupled with an adjustment in the Standard of Need budget, the two actions conspire to reduce assistance. Hardest hit will be families with the most children. Reductions vary from $1 to $185. The Child Watch Project concludes before any impact can be measured, but it is fair to state that many of those interviewed were already deeply concerned about these grant cuts. A pastor in Salt Lake was very worried,

> "We are setting up a lot of time bombs. People who have been hungry and pinched are not going to sit still and starve. People are going to blast out. July, with the new grant cuts and the end of the Emergency Jobs Program will bring real havoc and anger."

It was alarming to note that all the mothers interviewed predicted a sharp increase in crime such as shoplifting for groceries and school clothes. One mother who will lose about $143, had already listed her priorities and the items she will have to eliminate with the new grant cut.

> "First I'll pay my rent and then the utilities. Although they say we'll get more food stamps, it won't be that much. My stamps only last two weeks now. I doubt if there will be any left for clothing and no way for shoes, and my rent goes up in June."

These grant reductions can only create more strain in already-stressed families and greatly increase the demands on overburdened agencies. These cuts will affect about 26,000 children in Utah.

CHILD HEALTH

An advocate and provider in the mental health field observed, "In an environment of funding cut-backs, we need to be doubly concerned about mental health care for children. Children's services are difficult to set up and staff. Also, Children cannot speak for themselves to demand health care. Consequently, programs erode."

An advocate and provider in the health care field says, "Education is the key to solving and preventing many parenting problems. Parents need to take active roles in educating their children regarding preventive health and dental care and sex education. Corollary to this is the need for teaching, as a profession, to be rewarded and compensated more equitably."

A pediatrician reported knowing a woman with a severely disabled husband who got a job to help with the family finances. Because of her employment, she lost her Medicaid coverage. When her children became seriously ill, her small salary could not cover the family's medical expenses. She was forced to quit her job and go back on welfare to meet the health care needs of her children although she was striving to be self-sufficient.

"The working poor seldom get the care they need. Well-baby care? No-show if the finances get slim," says a pediatrician.

"For children in seriously-disrupted families, basic psychological needs are not being met: anything from lack of development of self-esteem to life-threatening situations. Substance abuse is a problem with older children," says a director of community mental health.

CHILD HEALTH

A diversity of publicly-funded programs pay for the health care of the nations poor children, including a wide variety of health care service delivery systems. Health care advocates, providers and agency administrators were interviewed for this project. Frequently-mentioned areas of concern are reported.

Budget Cuts

The OBRA changed two important areas affecting child health. It consolidated the Title V Maternal and Child Health program with six other programs so state agencies have to choose which services to offer with the block grant funds available. The second change cuts federal financial aid for Medicaid. Altogether states have lost $1 billion since October, 1981. States are imposing new limits and tightening budgets of programs and services to stay within budgets.

In Utah, these budget cuts have reduced programs and services available to needy families. Some programs have had to reduce case loads. Several of those interviewed felt that streamlining processes and searching for other funding sources had alleviated some of the pinch. One doctor reported,

> "There are two ways budget cuts have reduced programs. Maternal and Child Health has reduced the number of women in their program. This is partially due to budget cuts and partially because of other programs. Well-child care is now Early Periodic Screening Diagnostic Testing's role. We have not let children go without finding another provider."

New limits have been imposed in areas such as compensation for speech therapy, batteries for wheelchairs, more than one hearing aid for a child, routine dental and mental health care, hospital stays and the number of out-patient visits allowed.

Those interviewed were concerned over the new eligibility requirements for children and their families to receive medical assistance under AFDC now that AFDC-U is not available.

Salary Cut-backs

Additional concerns were voiced over salary reductions and hiring freezes in some agencies. Administrators, concerned with staff morale, worry that such measures may result in staff burnout and affect services to clients. Health care agencies say they are striving to operate efficiently within budgetary boundaries.

"Crisis" Verses Preventive Health Care

Most interviewed felt routine well-child care in low-income families is deficient, giving rise to a crisis-oriented approach to child health problems. Even though well-child clinics with sliding-fee payments are available, families are either unable or unwilling to pay for such medical care. A crisis is required. One public health nurse reports,

> "Economic conditions such as unemployment, no insurance or no Medicaid plus the high cost of medical care, mean families are not seeking well-child care or having routine dental care. Most are having their children immunized, but they wait until the child is critically ill before seeking medical care."

Another nurse believes that part of the "crisis approach" problem is due to families not knowing what resources are available. She believes that there is a lack of communication concerning services and agencies even among practitioners. Other factors affecting routine health care for children are accessibility to clinics, the fairly small number of private physicians who will accept low-income patients, transportation to the clinics and a need for more weekend and evening hours. Some of these problems spill over to the public clinics as well.

The Child not Seen

There is much concern for children the doctors do not see: those children of the working poor who fall through the cracks of the existing systems. One doctor worries about people outside the systems,

> "People in the system are treated. The working poor have the most serious unmet health needs: immunizations, dental care, car seats and parenting skills."

When asked why the problem, most interviewees cited ineligibility for medical assistance, lack of knowledge of available services and simple neglect.

Greatest Health Needs

Patterns emerged from the interviews regarding which health needs were greatest.

1) Dental Care. Nearly everyone mentioned routine dental care as

an unmet need.

2) Mental Health Care. According to one doctor, the budget cuts in Medicaid have created "a real crisis in mental health." The Medicaid cuts are hurting psychologists' ability to fulfill their roles in child health. Studies report a 50 percent increase in teenage suicide over the last two years, and reported child abuse is on the upswing. Many parents in financial difficulty have separated or divorced creating emotional distress in children.

Although the county mental health department makes mental health care available on a sliding scale basis to non-Medicaid patients many low-income families simply can't or won't make mental health care a priority.

3) Infant Malnutrition. Programs such as the Women, Infant and Child Supplemental Food Program, the Teen Mother Program, and the Maternal and Child Health Program have made inroads in areas affecting infants and teenage mothers, but budget cuts are threatening the advances. Studies have shown a decrease in infant mortality and infant malnutrition due to the programs.

4) Adolescent Health Care. Particularly mentioned was the need for better sex education and confidential health care for teenagers. Many cited increases in teenage pregnancy and sexually transmitted diseases.

5) Child Abuse. According to pediatricians at Primary Children's Hospital and the University Medical Center, "More children are being abused and the abuse is far more serious, more frequent and more violent." Interviewees say children are suffering more depression and neglect of their basic needs, both psychological and physical.

Education Needed in Health Care

Many advocates and providers of health care felt that facilities and assistance were adequate for low-income families but that many were unaware they existed or lacked the transportation or motivation to take advantage of them. Many felt better coordination between agencies was needed.

Education of parents and children was often cited as the main culprit for the problems in the system. Parents need education in parenting skills, and all families could benefit from education in nutrition, basic good health habits, dental care and sex education.

Children cannot speak for themselves to demand adequate health care. The public needs to be educated about the problems and successes in health care. Active lobbying by those who care is essential. In an atmosphere of budget-cutting, preventive care and children's programs are among the first to get the ax.

In summary, the services are generally available, but a variety of conditions including family finances, eligibility constraints and lack of information, conspire to decrease their effectiveness.

CHILD WELFARE

A worker at the division of family services reports, "All our work is now crisis work. We can't provide adequate follow-up. It is the future we worry about. As we cut follow-up, we may see recidivism."

One private social worker reported an incident wherein a child, residing in a theraputic residential treatment center, could not return home for a long-awaited weekend visit because there was no food in the home.

Child advocates reported cases of families isolated within the community. "They have no support systems, no phone no money for transportation and no money for recreation. Even when they get free tickets for programs, . . . they have no way to use them because they have no way to get there."

Adoptive and foster parent groups are reporting more disruption within the system in the past six months than in the previous two years.

A county case worker took a six-month sabbatical leave. During this time another already-overworked case worker was given this case load in addition to her own. She ended up with over 60 cases, many of which she did not serve at all. It was just too overwhelming to handle.

One family with five children must relinquish four of the five to foster care. The father is unemployed, and the mother has health problems which result in high medical bills. They have no support system.

CHILD WELFARE

The child welfare system, consisting of public agencies and publicly-supported private agencies, assumes the responsibility for shoring up a child's family or providing substitute care when a child's well being is threatened. The primary goal of the child welfare system is to protect children. Many of the children served by the division of family services come from families in crisis. The child welfare system includes crisis care, foster care and adoption.

Despite efforts to repeal the Adoption Assistance and Child Welfare Act of 1980 and merge the federal child welfare services, foster care, and adoption assistance programs into the Title XX Social Services Block Grant, the law and the programs remain intact. However, state and federal cuts in AFDC, Medicaid, The Title XX Social Services Block Grant, food stamps, and housing assistance programs were predicted to have a significant adverse impact on the child welfare system.

Agency Impact

Some workers report an increase in case loads due to hiring freezes. In some agencies, as positions are vacated, remaining staff must pick up the case load. Staffing levels have generally remained constant for the past three years while the case loads are up five percent overall.

Adoptive parent and foster parent groups report disruption in the system. Some adoption applications have been filled out for over a year and have not been acted upon. They report incidents where no case studies have been done. They feel that the case workers are overloaded.

In many cases, follow-up appears inadequate. There is concern that lack of adequate follow-up may result in children being returned to foster care.

The adoption and foster parent groups are now seeing more adoptions being terminated with children being returned to foster care.

The division of family services staff training budget has decreased by 50 percent.

Family Impact

Unemployment, economic stress, changes in entitlement programs, and lack of support systems have had an impact on families in our community. One intake worker reported during the course of three interviews that the situation had deteriorated. She suggested that,

> "Families have a low self-esteem brought about by their inability to meet their own and and their children's needs. There are no rewards in their lives."

This situation may adversely affect a family's ability to achieve and maintain self-sufficiency. Many families that have never before experienced financial stress are now affected. Agencies report greater requests for basic needs, such as food, clothing and shelter. Economic stress and dysfunction within families are also mentioned as contributing factors in the increased number of reported cases of child abuse and neglect.

There are reports of families relinquishing children to foster care because of their inability to provide for their children. Most parents do not want to give up parental rights but have no choice when they can no longer provide for basic needs. These parents often have lost jobs, have large medical bills or are ineligible for assistance. One interviewee reported seeing more sibling groups relinquished to foster care than ever before. Another interviewee is aware of children "being placed in foster care because parents have lost day-care benefits but must still work."

The elimination of services for two-parent has increased economic stress for some families. A case was reported of an unemployed two-parent family with one child. They were told that the mother and child would qualify for benefits if the father would move out—an impossible choice for this family.

In conclusion, it is hard to tell the direct impact on children from increased case loads, lack of follow-up and reduction of preventive services in the child welfare system. Most interviewees believe the needs of children requiring services were being met, however strain within the system is apparent.

CHILD CARE

Food funds for day-care providers were reduced in such a way that many children were adversely affected--some losing the only substantial meal they ate each day.

A five year old whose working mother could not afford day-care was left with her grandfather. The grandfather sexually abused the child. The child is now left on her own each day.

One parent interviewed stated that when she returned to work and was no longer eligible for the day-care sliding-fee scale, she was forced to quit her job and return to welfare.

A boy's and girl's club official states, "Our staff has been working many overtime hours without any raises. Now I am facing staff burnout, and I will just have to cut staff. My good staff makes five dollars an hour!"

CHILD CARE

Budget cuts in Title XX funding in 1982 have had enormous effects on child care programs in Utah. Much of the impact is not visible because children have withdrawn from public programs. The full impact of the budget cuts, while overt and visible in child care programs, can only be indirectly measured as it affects children.

Impact on Day-care Centers

Initially day-care centers in Utah coped with reduced funds. Centers became highly efficient, bare bones operations. Salaries were frozen, Comprehensive Employment Training Act (CETA) employees were not replaced, workload increased and staffs were reduced through attrition. In time, however staff burnout became a problem. Many centers report increased staff turnover and demoralization reducing the effectiveness as a stable environment for a child.

The suffering is noticeable now because they are unable to replace worn or broken equipment and less able to buy materials necessary for children's projects. Maintenance of structures has suffered and the adult-child ratios have dropped.

Funds for food programs have been cut to the extent that some snack and lunch programs have been eliminated. In some programs the cost for administration of the food programs is greater than the total money provided by the government. The difference is absorbed by the day-care center where possible. One administrator explained his reason for continuing to provide a food program which he has to subsidize,

> "For many of my children, this is the only real meal they get all day."

Day-care centers have also suffered unexpected losses from decreased day-care subsidies to parents. Formerly, most centers had long waiting lists. Currently many are not filled to capacity because marginal-income families cannot afford day-care.

Licensed family providers have also suffered from budget cuts. There are fewer inspectors with more responsibilities for checking to see that these homes adhere to child care regulations.

Impact on Parents

Those parents hardest hit by budget cuts have been the working poor. The "$30 and one-third" work incentive disregard changes, rather than easing clients off welfare, has caused more single female heads-of-household to quit their jobs and return to welfare. Sliding-fee scales for day-care are too steep for some mothers who have lost food stamps and Medicaid. In Utah, welfare rolls have increased despite the Legislature's effort to ease the problem by extending working mother's day-care services by four months and raising the sliding-fee scale. Many advocates attribute the increased number of welfare recipients to the high cost of day-care services relative to salaries. Parents have become desperate in attempts to find low cost day-care. They have often resorted to unlicensed and often inadequate day-care. According to one provider, the first question asked is, "How much?" Working parents often rely on relatives and older siblings to care for pre-schoolers. School-age children are sometimes left alone, resulting in the "latch key child."

Impact on Children

Although we know decreases in funding impact the lives of children, the force is hard to measure. In Utah, there have been increases in the reported incidents of physical and sexual child abuse. Children are left to fend for themselves unsupervised. Sandy City policemen have reported dramatic increases in the crime rate for children in the upper-elementary and junior-high children, especially between the hours of 3:30 p.m. and 6:00 p.m. They attribute this increase to "latch key children."

For many parents, affordable, quality day-care is a major factor in determining their willingness to work.

> "I have to know that my little boy is safe, happy and well cared for, or I can't keep my mind on my job."

Summary

In preparing this report, the Child Watch Team has made a conscious effort to remain unbiased and objective, letting the interviewees speak for themselves wherever possible. Even though the report is not scientifically based, we hope the facts, opinions and anecdotes will piece together a picture of how budget cuts have impacted children in Utah.

This information will be shared with Junior League members, interviewees, public officials and community groups in hope that better knowledge will lead to action. To quote one frustrated service provider,

> "Survey after survey is done and we hear all the statistics, . . . but there are never any solutions."

It is our hope that the findings of the Child Watch Team will be a catalyst for increased awareness, advocacy, change, and hope for children—the most vulnerable members of our society.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION,
Salt Lake City, Utah, February 16, 1984.

Mr. GEORGE MILLER,
Chairman, Select Committee on Children, Youth, and Families, House of Representatives, House Office Building Annex 2, Washington, D.C.

DEAR CHAIRMAN MILLER: Thank you for your letter and kind comments regarding my testimony before Select Committee on Children, Youth, and Families at the December 6th hearing here in Salt Lake City. I very much appreciated the opportunity to participate in this hearing, and feel that the questions asked by committee members demonstrated a great deal of concern for victims of child and spouse abuse and I hope that some very positive things will result from your efforts.

Besides the corrections which I would like to suggest for the question and answer portion of my testimony, I have also included a copy of an Overview of Family Violence which I recently wrote for a publication. It includes "Abuse of the Elderly", which was not addressed at the December 6th hearing, but which may be of interest to you and other committee members.

Again, thank you for allowing me to give input.

Sincerely,

BETTY TATHAM,
Executive director.

ABUSE OF THE ELDERLY

PROTECTIVE SERVICES LAW

The Adult Protective Services Law was amended in 1983 mandating that anyone who is aware of or discovers adult abuse, neglect or exploitation *must* report this to an official agency such as the Area Agency on Aging, Department of Social Services, or a Law Enforcement Agency.

WHO ARE THE VICTIMS

Any adult can be a victim of abuse. Victims come from all economic strata, races, religions and educational levels. Victims are often related to their abusers. Many victims are people who are actually at the mercy of others or who feel that they are subject to the control of others, such as the mentally retarded or the elderly.

Abuse of adults, especially the elderly, has been described as a "hidden" problem. The U.S. House of Representatives Select Committee on Aging estimated in a 1981 study that only one of six cases of such abuse is ever reported.

Like other states, Utah has it's share of the problem. Social Services, Church and law enforcement officials have documented cases of physical abuse, neglect, and financial exploitation. Most cases are reported by someone other than the victim. Reluctance to get a family member in trouble or ignorance of the fact that help is available are two common reasons why victims fail to get help.

WHAT CONSTITUTES ABUSE OF THE ELDERLY

Any act that causes physical harm or the threat of physical harm.

Harrassment.

Emotional harm or exploitation.

Restriction of personal liberty.

Financial exploitation.

Neglect—failure to receive adequate shelter, food or clothing from the primary care giver.

WHO ARE THE ABUSERS

Like the victims, abusers come from all economic strata, races, religions and educational levels. Persons who were themselves abused or who witnessed abuse in their families are more likely to become abusers.

Abusers may inflict abuse on another adult to obtain money, to satisfy a need for dominance or control over another, to cope with their own stress. Sometimes abuse is simply the result of insensitivity or ignorance.

WHAT IS MEANT BY FINANCIAL EXPLOITATION

Financial exploitation of adults—especially the elderly and the mentally disabled—is more difficult to detect than is physical harm. However, if a person convinces an elderly or a mentally disabled person to turn over his money and yet fails to provide support for that person, leaving him unable to support himself, then this may be a situation in which financial exploitation can be suspected.

WHAT REMEDIES ARE AVAILABLE TO ELDERLY VICTIMS OF ABUSE

Because adult abuse may take many forms, so do its remedies. Some situtations require immediate intervention between the victim and abuser to prevent physical harm. In other situations counseling for both the victim and the abuser may remedy the situation.

In some instances, legal action may be required to protect the victim. In any event, the first step is to contact the agencies that have been established to help assess the problem and to help find solutions.

FACTS ABOUT ABUSE OF THE ELDERLY

It is estimated that 4 percent of all elderly citizens are subjected to some type of abuse, neglect or exploitation.

Utah Adult Protective Services served 621 abused elderly persons in 1983.

It is estimated that 6,200 senior citizens could be abused in Utah each year (if the National estimate of 4 percent is used).

In Utah an average of 195 abused adult persons receive Adult Protective Services assistance of some type each month.

Abuse of the elderly is grossly under-reported—it is estimated that only 15 percent of all cases are actually reported.

66 percent of the abused adults are female, 34 percent are male.

SALT LAKE CITY, UTAH, *October 9, 1983.*

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES,
House Office Building,
Annex 2, Washington, D.C.

Thank you for being so prompt in writing. I will take the liberty to respond to your request about my interests and how I might relate to the special committee.

After being in medical practice for thirteen years, I have refocused my energies on child development and behavior. From my experience working with children and families, and the efforts of certain social scientists, I learned that there were hidden ailments prompting patient visits to doctors, not just the germs or physical causes one might normally expect. The successful treatment of these hidden ailments was dependent on SES, psycho-social or social supports and other human resistance resources. It was also fairly obvious to me that my training as a physician and pediatrician was insufficient to deal with many of the problems that prevail today: incest and child abuse, depression in childhood, drugs, alcohol and many other impediments to achieving potential, successful maturation and positive development. It is reasonable that physicians and other human service providers should be in the position to intervene effectively if they had the proper training.

My learning experience over the last several years and during this formal fellowship in behavior have given me exposure to a variety of these concerns, including understanting multiple provider roles, psychopathology, brain-behavior relationships, normal developmental needs and tasks of children and families. I now better understand the connection between development and behavior and the interaction with the social and physical environment.

Certainly there are no easy answers, and I would not be so naive as to suggest magic bullets or simplistic solutions. If, in fact, it were just a new program we needed, then why have a select committee? The opportunity to relate to others who also have concerns about the future of the family as well as with the relative comfort and competencies of our children would be most satisfying and perhaps allow me that ray of hope—things could be better!

Suffice it to say that now may not be the time to elaborate on these specific topics. As you know, the last word is not in on some of them. We will wait together for Carl White's metaanalysis on early intervention this fall. Although the studies are mixed in their conclusions, there are reasonably good methdologies indicating probable salutary benefits of early assessment and intervention. Certainly the National Center for Clinical Infant Programs under Dr. Stanley Greenspan's direction has proven this. It appears that we are servicing less than a third of all children under five from families needing services for developmental disabilities and psycho-social disorders. We could get to most to them if we had better evaluation, referral and theraputic day care and preschools to which we could refer overwhelmed and burdened families with various handicaps.

From my current service on the Children's Committee of the Mental Health Association, I know that we are responding insufficiently to these special needs of families and children. I am certain that Jane Knitzer is correct in her CDF publication, Unclaimed Children (1982), when she demonstrates that this bleak condition is nationwide. In a separate study, Hersh (The Clinical Psychologist, XXXII, Summer 1979) also confirms that only 20 percent of the children who need mental health services get them.

Recently, I approached the MCH Handicapped Childrens' Service, the new division of Handicapped Services administered by the State, the Division of Mental Health and the Developmental Disabilities Council. My concern was about the mental health care of children with developmental disabilities. I found that the referral pattern, services and follow-up care were inadequate and chaotic. The usual response to my questioning was "We must cut back even though our care lacks breadth and depth."

Just as important as sufficient funding for the handicapped is the coordination of services. The example of five different agencies (the three mentioned above plus 94-142 and Title 1 in schools) is a case in point of lack of funds and little networking. All of these agencies deliver services to the handicapped but function with little interagency coordination, each with its independent administration oblivious to its relationship to others. This creates overlap and also gaping holes. Mental health treatment of the disabled is an example of the crecks in our social and health services and, unfortunately, it is the children who fall right through. Children with developmental disabilities, including many with psycho-social and emotional-behavioral handicaps, are frequently attended to by the juvenile system, Social Services, Mental Health and educational agencies without any coordination.

Some form of communication is needed, not only at the service and staffing levels, but also at policy-making and administration levels. Savings and efficiency could result along with a more satisfied, better functioning clinetele. A suitable model might be the old Federal Division of Youth and Families under NIMH which, three years ago, supported a model demonstration program, called "Most in Need," for select disadvantaged populations. This program was shown to be a useful, low-cost vehicle to get multiple agencies together tracking high-risk families and supporting their myriad needs.

Dr. Art Brown, a family therapist here in Salt Lake, and I have tried to promote interest in a legislative proposal to surtax marriage licenses in order to generate some additional funds that could be made available to high risk and vulnerable, dysfunctional families. Leadership and interest appear to be lacking.

Training more medical persons and social service professionals in structural features of family therapy as well as an integrated system of referral to established family practitioners, might be very helpful for affected families. The excellent publication, Building Family Strengths by Stinnett (Nebraska Publishing, 1979), includes other suggestions such as teaching family science, life development education, and parenting and caretaking skills, all in a continuum of classes integrated into the middle level and high schools. Community day care programs should be included with school programs. What a valuable life science laboratory for our children and prospective parents this would be!

I am also concerned about the disadvantaged and underprivileged population where adverse patterns of child rearing are passed from one generation to another. We need both sufficient supply and more efficient disbursement of resources to respond to the less fortunate. It is basically the poor, the minorities and the rural children who do not get the services they need. Community-oriented programs must take up the slack that private sources cannot supply, or cannot supply affordably, to the poor. I hope you are familiar with the report of the Select Panel for the Promotion of Child Health: Better Health for our Children, a National Strategy (HHS/PHS, 1981). The theory of the report is that if children are cared for, the families in this and the next generation will also be cared for. This publication relates so well the linking of mental health services with somatic health care. Just having physical care, food stamps, school lunches and entitlements is totally insufficient to respond to contemporary disorders. There must be educational opportunities, understanding of growth and development, recognition and treatment of malnutrition, therapy for acting-out adolescents and treatment for domestic abuse, all in the context of the family. Access to counselling and family therapy (not the traditional "case work" approach used now) would be the appropriate remedial response. Early intervention and therapeutic day care and preschools are needed to ameliorate high-risk child and parent dysfunction.

Finally, these innovations can be made by: redesigning the curricula and training of our professionals, redistributing health and social service manpower and recruiting and training at the local level. Educators, doctors, and social workers should be taught early assessment together with psycho-social methods and family therapy. Therapeutic preschools should be available for client referral. Perhaps the most important innovation should be a community service delivery system that works in an interdisciplinary way. These remedies would give some hope of having children and families in less pain and discomfort, making them more functional and competent, maximizing their own development and having the energy to be an important resource for their country.

Thank you, Dr. Kline, for giving me the opportunity to respond. I hope my ideas are in general agreement with the purposes of Mr. Miller's committee.

I have enclosed an appendix taken from Unclaimed Children, describing a comprehensive program in North Carolina. There are just a half dozen states with this kind of program. It needs to be standardized for the nation.

I look forward to hearing from you about these points and more on how I might relate to the Utah committee. Also, I would appreciate an update on the possibility of generating "family therapy" funds for dysfunctional families in clinical need by a surtax on marriage licenses or a minimum contribution on tax forms. It is hoped that the stigma of child abuse would not deter other high-risk families from participating.

Sincerely,

LOUIS S. ALLEN, M.D.

APPENDIX E

Examples From North Carolina of the Components in a Continuum of Child and Adolescent Mental Health Services

WM01 Case Management Services

This service component provides planning and direction for the provision of services to a child and his/her family or custodian. Activities include assessment of client needs, planning for services to address those needs, linking and coordinating the flow of services to the client, monitoring the services provided to the client, and advocating for the client.

WM02 Respite Services

This component provides services for the families of mentally retarded or emotionally disturbed children who need periodic relief from the constant and often stressful care of the child. Services may be provided either on a planned or emergency basis. While in respite care, the child receives supervised care with the provision for meeting the child's basic health, nutritional, and daily living needs. Respite may be provided in a variety of models including center-based services which affords the opportunity for continuous care for up to 30 days; contracted services with citizens for use of their home for provision of respite; and availability of companion sitters who can provide respite services in the home of the child.

WM03 Crisis Stabilization/Residential (Short-term)

This component provides a temporary supervised residential environment to children in crisis situations who need temporary residential alternatives and assistance until the crisis is stabilized or a longer term plan can be developed. Children in crisis who do not need the full range of medical staff and facilities as provided [illegible] inpatient services are appropriate for this type of care, although medical backup will be available.

WM04 Alternative Family Living: Specialized Foster Care

Children served in this component are placed individually or with one other child in community foster care homes with specially trained and supported foster parents. Foster parents receive a monthly subsidy for services to meet the special needs of these children. Professional mental retardation or mental health workers provide backup training, case management, and treatment services.

WM05 Alternative Family Living: Supervised Independent Living for Older Children

Older Adolescents (ages 16 to 18) using this service live with a highly trained alternative parent or supervisor in a home or apartment setting. Activities include parental care or supervision, emotional, physical, and cognitive development, social integration, prevocational skill-building, and either work with the parents to reintegrate children into their families or work toward independent living.

WM06 Alternative Family Living: Intensive Service

Children served in this component are placed individually in community homes, with specially trained and supported professional level foster parents. Training for these parents is more intensive and care-specific than in current specialized foster care models and the parents are actively and regularly involved in providing direct treatment efforts for the youth. Support systems and case management services for these special families are also intensive and youth in their placements are likely to be simultaneously involved in many other services.

WM07 Residential Group Living: Moderate Supervision

This model offers residential treatment to children with moderate to severe problems and includes multiply-handicapped children. These are children for whom removal from home is essential to facilitate treatment. Children in this setting will generally attend public school but may use day treatment or have a job placement while in residence. These group homes provide healthy adult role models, group, individual, and family counseling as appropriate, liaison services to mobilize community and family resources, and social, emotional, and cognitive training. Staffing is sufficient to supply a moderate level of supervision. Length of stay will typically be six to eight months but may be longer dependent upon a child's individual needs.

WM08 Residential Group Living: Extensive Supervision

This model offers highly structured residential treatment to children with moderate to severe problems including multiply-handicapped children. These are children for whom removal from home is essential to facilitate treatment. Children in this setting may use day treatment or have a job placement. Some may be able to attend public school; for others, special education services may need to be offered at times within the residential or day treatment setting. These group homes provide healthy adult role models, group, individual, and family counseling as appropriate, liaison services to mobilize community and family resources, and social, emotional, and cognitive training. Staffing is sufficient to supply an extensive level of supervision including control of most aggressive behaviors. Facility may be locked if needed. Length of stay will be up to two and one-half years according to the child's individual needs.

WM09 Residential Group Living: Extensive Supervision—High Management

This model offers highly structured and secure residential treatment to children with severe emotional or behavioral disturbance including multiply handicapped children. These are generally aggressive children for whom a secure (generally locked) environment is essential to facilitate treatment. These children are too disturbed to attend public school or vocational training, but they may attend a day treatment program. These homes provide healthy adult role models, group, individual, and family counseling as appropriate, liaison services to mobilize community and family resources, and social, emotional, and cognitive training. Services such as emergency services, educational or vocational training, day treatment, and counseling may be provided by the program, from other mental health center components, or from another agency as indicated. Staffing patterns using the shift system or modified shift system may be used, but in general, a "home-like" atmosphere is maintained. Reeducation models or other models are used to provide this service.

WM10 Residential Group Living: Intensive Treatment (Nonmedical)—High Management

This model offers highly structured and secure residential treatment to children with severe emotional or behavioral disturbance including multiply handicapped children. These children are highly aggressive and require a secure (generally locked) environment. These children are too disturbed to attend public school or vocational training. Full services are generally provided within the setting, but in some instances, the children may receive services in another setting (e.g., day treatment). Emphasis is placed on containing and controlling the child's violent and aggressive behavior and establishing positive, appropriate behavior to replace negative, destructive behavior. As soon as the child's behavior is under programmatic control, he/she is moved to a less restrictive setting. Length of stay is usually short term. Activities emphasize social skills, emotional and cognitive development, daily living skills, vocational skills, and recreational skills. Liaison services are provided to community and family. The staffing pattern utilized is a shift system employing paraprofessionals, teachers, and therapists.

WM11 Specialized Group Living

This model of service provides residential services for children who have extensive developmental, medical, and behavioral problems. Individualized programming is provided in the facility through an interdisciplinary staff, which provides constant supervision and a high degree of programmatic structure. Often children served by these programs are too multiply handicapped to be appropriately served in the public school classroom.

WM12 Transitional Group Living

This model of residential services provides time-limited behavioral/developmental programming for children who have moderate to extensive skill deficits and behavior problems. Intensive prescriptive behavioral programming is provided in order that the child may return to residence with his own family or other less restrictive living environment.

WM13 Summer Programs for School Children

This component serves school-age children with mental health or mental retardation problems who need summer programs to meet their individual needs and the needs of their families. These children may include those whose difficulties cause them to be "high risk" for court involvement during unstructured summer months and whose needs are not met in other generic summer programs (youth camps, etc.). Activities in these programs occur in a variety of settings, including developmental day centers, community recreational resources, and day camps. These services are supervised by individuals who are knowledgeable about emotionally disturbed children or mentally retarded children. The services include child care, group socialization experiences, and recreation.

WM14 Preschool Developmental Day

This component serves children with mild/moderate and severe developmental deficits in an organized and licensed day center setting. Services are available five days per week for a minimum of eight hours per day. Individualized programming is provided for the child in the skill areas of cognition, self-help, motor, speech, and socialization. Additionally, family support programs are incorporated in the service. A staff child ratio of 1:5 is required; however, a ratio of 1:3 is recommended.

WM15 Day Treatment (Partial Hospitalization): Moderate Services

This component serves children with moderate to severe problems. Children who have difficulty participating in partial or full-day public school programs because of the severity of their problems are appropriately served in this setting as are children who require intensive intervention to prevent hospitalization. Day trealment services may often be provided in conjunction with residential treatment services. Day treatment planning, recreation, social skills development, group counseling, services to parents, and client advocacy (sic).

Other services may include individual therapy and educational or vocational training and case management. Services are generally provided four hours per day, two to five days per week. The staff client ratio must be at least at the 1:4 level of intensity.

WM16 Day Treatment (Partial Hospitalization): Intensive Services

This component serves children with severe problems. Children served in this component are often violent and assaultive. They require an intensive staffing level (staff: client ratio of at least 1:2) to enable the control and remediation of these children's problems. Services are often provided in conjunction with residential treatment. Full educational/vocational services are generally provided within the setting. Other services provided include diagnosis and treatment planning, recreation, social skills development, group counseling, services to parents, and client advocacy. Case management and individual therapy may also be provided. The services are generally provided four to eight hours per day, five days per week.

WM17 Emergency Clinical Services

These services are provided for children in acute crisis who require immediate mental health evaluation and treatment. The service setting is nonresidential. Contact may be initiated in person or by telephone at any time. Face-to-face contact with a mental health professional is arranged if necessary. Based on the initial evaluation, preliminary diagnosis is established and treatment with referral, follow-up, and case management, as needed, is provided.

WM18 Outpatient Treatment Services for Child

This component serves children with mild to moderate problems who can otherwise function in their natural environment. In some instances, this service may also be used for children with moderate to severe problems in conjunction with other services of a more intensive nature (e.g., partial hospitalization, alternative family living, residential group living). Outpatient treatment services include screening, evaluation, diagnosis, treatment, follow-up, work with families, case consultation to schools, courts, DSS, and other service providers, and case management.

WM19 Family Support Services— Outpatient or In Home

This component of service includes family counseling, individual counseling for family members, parent training and information, parent support groups, and subsidy for maintenance of the child in his own home. Combinations of these services may be made available to the parents, siblings, and extended family members of children with varying levels of disturbance and who are participating in any specialized treatment program. The purpose of such services is to improve or stabilize the family living environment of the child; to minimize the necessity for out-of-home placement of the child; to assist parent and family members to better understand the effects of the child's disabilities; and to assist parents in better affecting their child's developmental growth.

WM20 Transportation Services

This component provides transportation services to those clients in need of such services in order to participate in the needed programs or services. It includes transportation coordination, the training of clients in the use of public transportation, the provision of segregated transportation when appropriate, and assistance with carpooling and planning.

WM21 Wright School

WM22 Adolescent Re-Ed (NCSCFRC-Butner)

WM23 Inpatient Hospitalization— Short-term/Crisis

This service is appropriate for children with severe emotional or behavioral disturbances who cannot be served appropriately in a less restrictive setting. Services include a) psychological and medical diagnostic procedures; b) observation treatment modalities including medication psychotherapy, group therapy, occupational therapy, industrial therapy, vocational rehabilitation, recreation therapy, and milieu treatment; c) medical care and treatment as needed; d) supportive services; e) room and board. Both voluntary and involuntary clients may be served in this setting.

This service is based on the likelihood of stabilization within a short period of time and transfer to a less restrictive setting for continued treatment.

WM24 Inpatient Hospitalization—Long-term

This service is appropriate for children with severe emotional or behavioral disturbances who cannot be served appropriately in a less restrictive setting. Services include a) psychological and medical diagnostic procedures; b) observation treatment modalities including medication psychotherapy, group therapy, occupational therapy, industrial therapy, vocational rehabilitation, recreation therapy, and milieu treatment; c) medical care and treatment as needed; d) supportive services; e) room and board. Both voluntary and involuntary clients may be served in this setting.

This service is for children with especially intractable problems who require intensive inpatient treatment to achieve stabilization and/or problem remediation. Length of treatment will typically be more than one year.

WM25 Mental Retardation Center

WM26 Wilderness Camp (Short-term)

This component serves children 6 to 12 who have mild, moderate, or serious problems. Services provided include supervised recreational and educational experiences with supervised peer interaction and the provision of healthy adult role models. This service is provided during weekends through the year or six to nine weeks in the summer and includes outdoor living experiences to help the client develop coping skills and behavior control as well as academic and vocational skills. Liaison services are also provided to promote community and family interaction.

WM27 Wilderness Camp (Long-term)

This component serves children 6 to 18 who have moderate to severe problems, whereby removal from the home is essential to facilitate treatment. Services are provided in an emotionally healthy, structured, therapeutic environment in groups of ten or less. Healthy adult role models provide supervision of school activities, peer interactions, and everyday living activities. Other services include recreation, group counseling to clients and parents, and client advocacy. Through outdoor living on a long-term basis (9 to 15 months) the child is helped to develop coping skills, self-esteem, and academic or vocational skills. Liaison services are also provided to promote community and family interaction.

WM28 Training School

WM29 Educational Services Provided by Public School at Mental Health Program Site (day)

WM30 Educational Services Provided in Public School

WM31 Foster Care

This is a legally defined service provided by a county DSS or by a private provider so licensed. This service is a legal substitute for care and child rearing provided by the child's parent(s) or other relatives.

WM32 Probation

This is a legally defined service of supervision, prescribed by the court in relation to charges brought against a juvenile.

WM33 Before and After School Program

This component provides services for school-aged children who need care and intervention services before and after school hours to meet their individual needs or their families' needs. Services incorporate individualized programming in the developmental skill areas and are provided in a licensed day care setting. Staff who are professionally qualified are required by standards.

WM34 Assessment/Prescriptive Services

This component provides periodic services to individuals in need of diagnostic evaluation, behavior assessment, and behavioral programming and to individuals who are being screened for services or who are in an ongoing service program.

WM35 Advocacy Services

This component provides advocacy services (friendship and emotional support, assurance of quality services, that rights are met, and freedom from abuse) to all individuals in need of such services. It includes the coordination, recruitment, and training of advocates as well as the assessment of client needs for advocacy and the appropriate matching of the volunteer advocate with an individual and his/her needs.

WM36 Other (Specify)